STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR xAdams, George 1/ 16/80 AGE (IN VEARS LAST RIPTHDAY) MONTHS DAYS White M 20// 99 To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania ALLEGANY WIDOWEDX 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRCOAL MINES (TYPE OF WORK FOR MOST OF WORKING LIFE Frostburg. Frostburg Community Hospita Md. RETIRED MINER JSUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. CITY OR TOWN 13e. STREET ADDRESS Allegany Md Frostburg Rt 1 Box 222 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE STEVENSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-09-9873A Frostburg Community Hospita 18 CAUSE OF DEATH Enter only one couse per PART I. DEATH WAS CAUSED BY couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION mouniconoses 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 00 HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY LINER NOTIFY MEDICAL EXEMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION arkedor CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETGAT STATE 14 JANUARY 220.1 certify that (1) (this haspital) attended the deceased from deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL should be detac PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Dr. M. Rothstein Broadway, Frostburg, Md. 21532 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE FROSTBURG, MD. STATE BURIAL FROSTBURG MEMORIAI 180 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4)) DURST FUNERAL HOME. FROSTBURG.

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SCARPELLI FUNERAL HOME

FOR

- STATE

(VRA 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

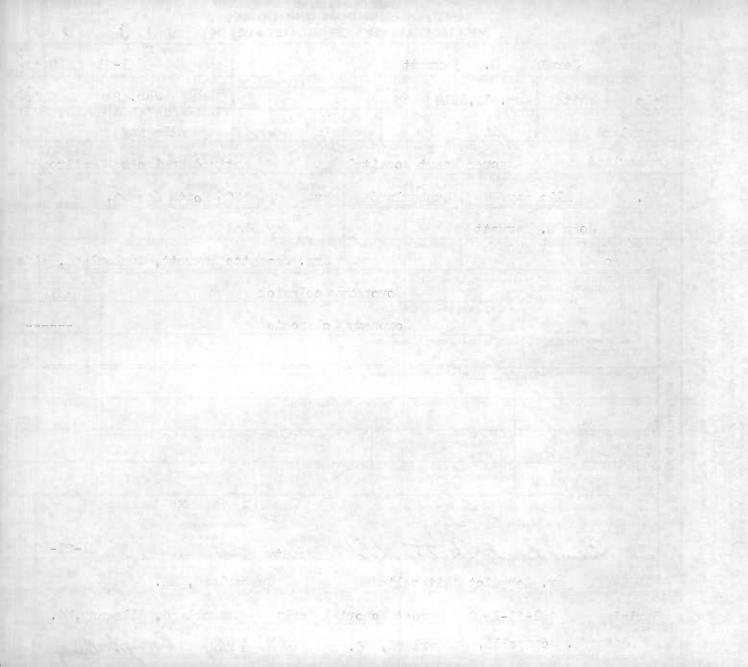
CERTIFICATE OF DEATH

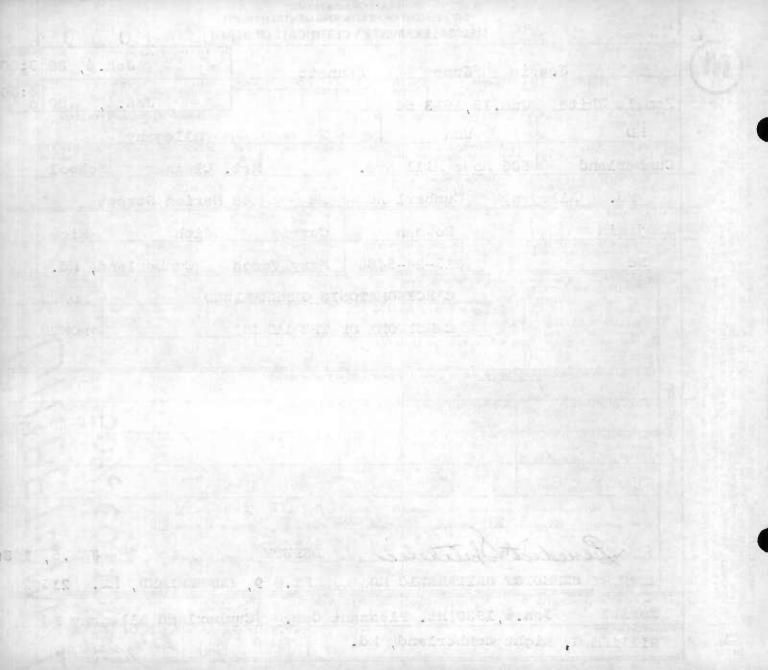
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CUMBERLAND, MD

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0 T N4	14. F.	ATHER'S NAME		MIDDIE	LA	.,		15. MOTHER'S MAIDE	N NAME	AIDDLE	LAST	
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MORE TER DI PAGE FORM	160.	WAS DECEASED	EVER IN U.S.	ARMED FORCES?	16b. SOCIA	AL SECURITY N	Ο.	17. INFORMANT		ADDRESS		
A N N N N N N N N N N N N N N N N N N N	L	no						Mrs. Jea	nette Bar	rett, Cu	mberland,	Wife
28, 5		18. CAUSE OF	DEATH (Enter	only one couse per line	for (o), (b),						APPROXIA BETWEEN O	NATE INTERVAL
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DF VIT.	1 2		L CAUSE WAS	21b. TIME OF HOUR A.M.			21c. HC	W INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1	OR PART 2)	
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FICA FICA AND AND		death resulte	d from: No	oturol couses X,	Accident [, Suicid	e 🔲	Homicide .	Undetermined m	onner .		
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 AFTER DEATH, WITH THE 5 BALTMORE, MARYLAND, 27		(TYPE OR PRIN	בע (זו	. Benedict					umberland	, Ma.		
	23o.E	SPECIFY)	ION,REMOVA			AME OF CEMET			23d. LOCATION CITY OR TOWN	ra brof	COUNTY MO	STATE
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DHMH - 17 (VR A15 ME (5))				carpelli,	Cumber	cland.	. bN	JAN	2 4 1980	Lister	book.	
15M 7/76											- SARAGO	





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DEPARTMEN

Bennett

T OF HEALTH AND MENTAL	HYGIENE
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8 0 REG. 1	NO. 0	0	U	0 3	;
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January	3,	1980	/ c	A	150
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82	YRS	MONTHS	DAYS	МОИЯБ	MIN
9 BALTIMORE CITY	OR COUNT	Y OF DE	HTA		

3. SEX 4 RACE S DATE OF BIRTH Female

USA

.24.1897 Tuly White Th CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED [

Allegany 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! Housewife

MIDDLE

126 KIND OF BUSINESS OF INDUSTRY Owned home

Cumberland Allegany County USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY Allegany Maryland

MIDDLE

I (IF YES, GIVE WAR OR DATES)

Lavina

Cumberland

13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

Infrimary

627 Dilly St.CumberlandMd

UNKNOWN 17. INFORMANT

ADDRESS

Patient's chart at Infirmary

BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE gove rise to immediate couse (o), stoting underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

UNKNOWN 60 WAS DECEASED EVER IN U.S. ARMED FORCES

FOR-

To. BIRTHPLACE ISTATE OR FOREIGN

10 CITY OR TOWN OF DEATH

UNKNOWN

4 FATHER'S NAME

NO

CERTIFICATION

MEDICAL

8

MPORTANT

(YES, NO OR UNKNOWN)

- STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

director, page 3

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on 220.19. sow the deceased alive on 2. 2. obove, (I) (we) (did) (did not) view the body after death. 226. SIGNATURE

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

John A. Topper, M.

22e. ADDRESS Memorial Hospital Cumberland. Md.

230. BURIAL, CREMATION, REMOVAL Burial

Jan. 4, 1980

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Pk

umberland Allegany

STATE COUNTY

24. FUNERAL DIRECTOR

William G. Kight Cumber Fand, Md.

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

FUNERAL 0

DHMH - 16 60M 1/75 (VRA 15 (4))

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FOR

- STATE

24. FUNERA

FUNERAL

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CHURCH SIREE 1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e. PLACE O STREET, FACTO Route	FINJURY PRY, FARM E #28	(AT HOME,	Near	ET	Garage	RA t.#	28, Mine	eral, W	.Va.
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(SPECIFY) But		36. DATE L-29-1980		ame of ceme lley Cei		У	°N.	ladley, P		YTAL	STATE
Scarpe		nberland,	Mary	land 21	502		ATE REC'D. B	Y REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	11.16

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CUMBERLAND, MD. 21502

FOR

- STATE

DHMH - 16 50M 7/77 (VRA 15(4))

GEORGE FUNERAL HOME.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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130	Mc Mc	JE.	ATTE	ROTHER INSTITUTION, G	134 CITY OR TOWN Westernpo	rt	13d. INSIDE CITY LIMITS? YES NO L	13e STREET	ADDRESS 6	B A We	stern	port	Md.
		Johna Johna	thon	WIDDIE	B roadwa		15. MOTHER'S MAIDER FIRST Annie	N NAME	C		Wila	ST	
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	1	PART I DE		y ane cause per lin BY: E CAUSE (a)	e for (a), (b), and (c).) Coronary Oc	clusi	on				BETWEE	ROXIMATE EN ONSET dden	AND DEATH
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MED	WED V	VHILE	NOT WHILE AT WORK	STREET FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	C	ITY OR TOWN	c	COUNTY		STATE
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	[]	XAMINER'S YPE OR PRI	NI)		ta relic		ADDRESS		Pike,	Cumber	land 1	Md.	
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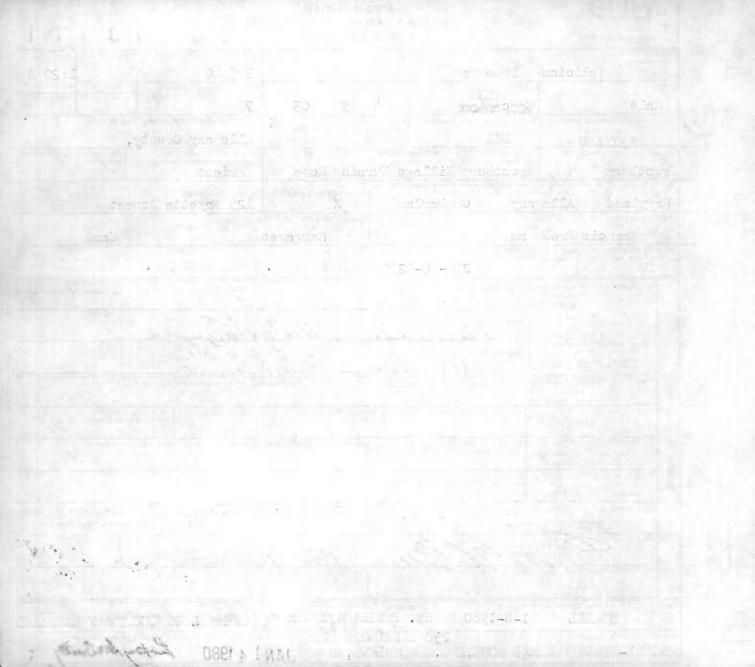
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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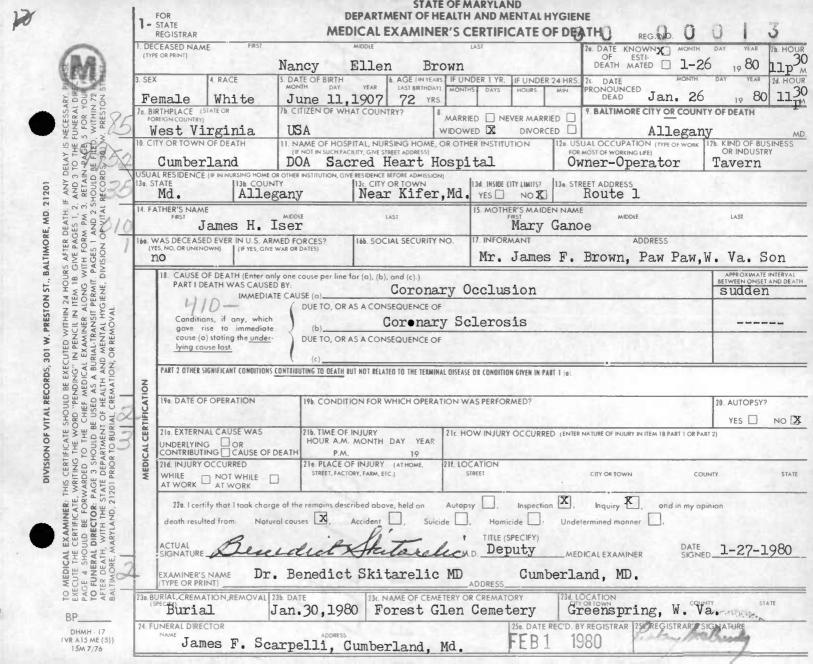
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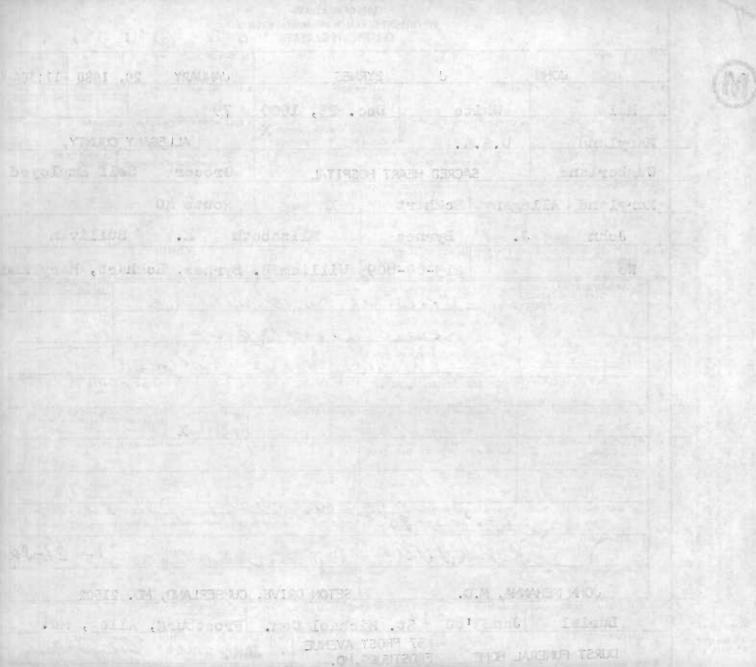
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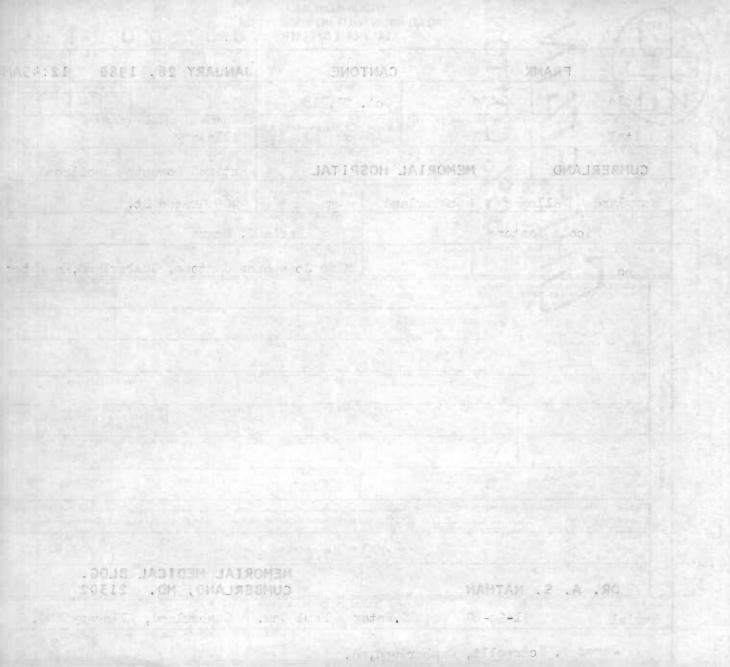


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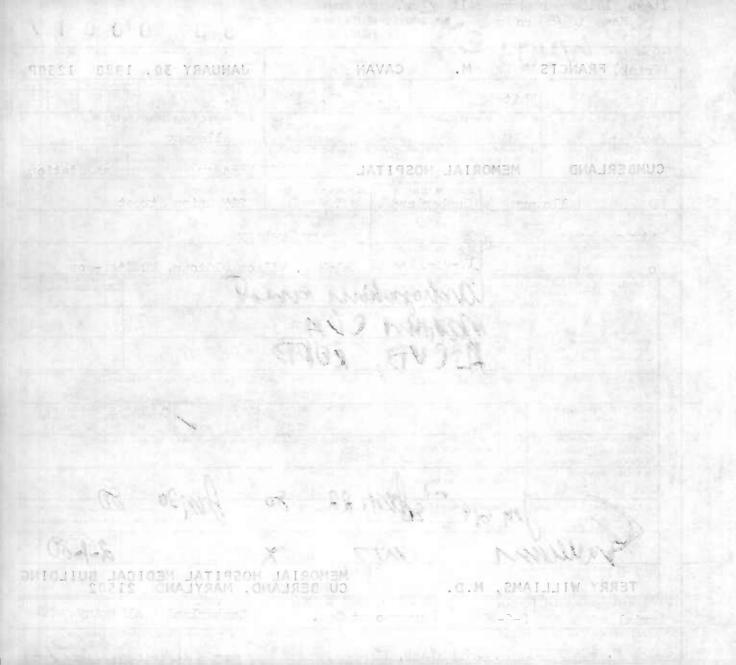
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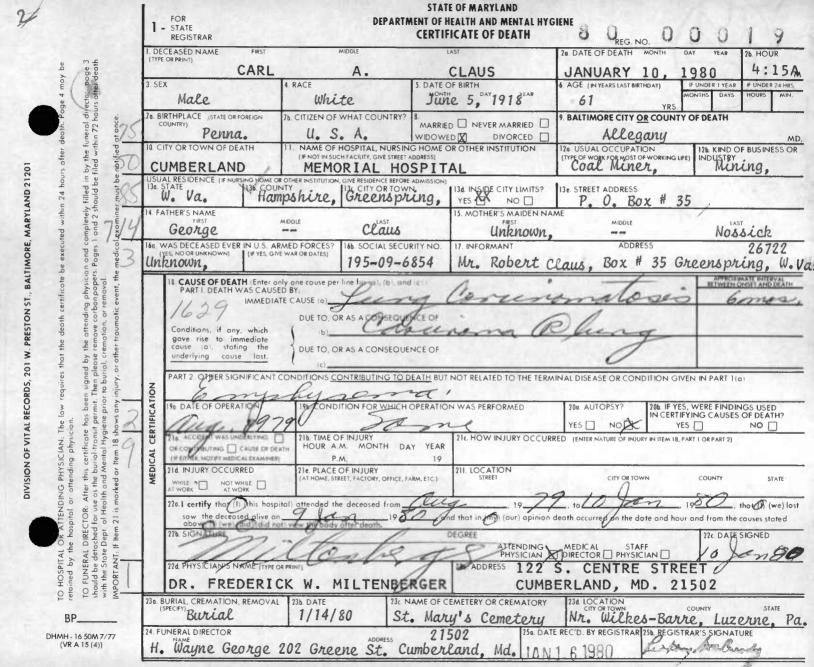
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	1.	FOR Home 3/5/80 REGISTRAR		DEPA	RTMENT OF H	EALTH AND MENTAL HYC ICATE OF DEATH	8	REG. NO.	0 0 0	17
page 3 death	CTYPE	CEASED NAME FIRST (STRINT) FRANCIS		M.	CAV	AN	JANUA	ARY 30,	1980	1230Pm
ter de	3. SE	x Male	White		5. DATE (6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 74 HRS
题5	N	RTHPLACE ISTATE OR FOREIGN OUNTRY) [arvland]	USA		RY? 8 MARRIE WIDOWE	DENEVER MARRIED	All	city <u>or</u> coun egany	NTY OF DEATH	MD
by the fled within	(CUMBERLAND	MEM	ORIAL H	HOSPITA	A L	120 USUAL OC (TYPE OF WORK FO Manage	R MOST OF WORKING	GLIFE) INDUSTRY	Station
aminer mi	130	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULD Alle	NTY	13c CITY OR T	OWN	136. INSIDE CITY LIMITS? YES X NO C		nion St	reet	
1 and 2 sh medical ex	I	Patrick Cavan VAS DECEASED EVER IN U.S. AF	MIDDLE	LAST	ECHRITY NO	Mary Bre	N.	ADDRESS	LAS	51
. Pages 1 it, the m	- (E WAR OR DATES)	200	3360	Ralph D. Wi	lson Old		D Step-Se	ON
hen please remove or to burial, cremationy injury, or other t	NO	Conditions, if ony, which gove rise to immediate cause iol, stoling the underlying cause lost PART 2. OTHER SIGNIFICANT	DUE TO,	OR SOUTH	TO DEATH PUT	ROPP NOT RELATED TO THE TERA	MINAL DISEASE O	R CONDITION (GIVEN IN PART 1	01
ifficate has bee sorit permit. Ti Hygiene prior m 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WE	ICH OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? ZAS. IF	YES, WERE FINDING CAUSES	NGS USED OF DEATH?
al-tra ental	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINER	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	IB, PART 1 OR PART 2]	
as the buri alth and Me s marked o	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, S	E OF INJURY STREET, FACTORY, OFF	lher	211 LOCATION STREET	1	2010WA	90	STATE
AL DIRECTOI stached for use te Dept. of He T: If Item 21		22s I certify that (I) (this hosp sply the deposed alive or public, (byfwe) (did) (did no 22s banks the	11011	ly office death.	9	that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		STAFF		
should be detact with the State IMPORTANT:		TERRY WILL				MEMORIAL CUMBERLA	HOSPIT ND, MAR	AL MED	21502	JILDING
T 8 8 4	j	Burial, cremation, removal Sectory Burial	236. DATE 2-2-8			emetery or crematory unt Cem.	CUMBE	*Tland	ATTEgan	
HMH-16 25M IA 15, 4) 1/79		UNERAL DIRECTOR NAME AMES F. SCARPEI	TJ	CUMBERI		CC			TSTRAR'S SIGNAT	



3	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	IYGIENE 8 QG NG	0 (n a	1 2
be seed that		CEASED NAME FIRST OR PRINT)	RBERT	Middle Wiley	CE	SSNA	KEO. 110	MONTH DAY	YEAR 980	2b. HOUR 10:40P
oge 4. may rector, pours after d	3. SE	Male		ite	5. DATE C	OAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.		IF UNDER 24 HRS HOURS MIN.
deotn. P. funerol d thin 72 ho	C	RTHPLACE (STATE OR FOREIGN OUNTRY) W. Va.	u. s.		WIDOWE		□ Allega	ny		MD.
ofter y the ed wife	C	TY OR TOWN OF DEATH UMBERLAND	(IF NOT IN SUC MEM	ORIAL HO	OSPIT	AL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	MUCUL WORKING LIFE)	126. KIND OF INDUSTRY. Pau	nting
within 24 hours letely filled in b d 2 should be fill mineratust be		AL RESIDENCE (IF NURSING HOME) TATE Aryland 136 136 137	Legany	Lavale,	ADMISSION)	13d. INSIDE CITY LIMITS	212 So. Fi	rst St.		
om on one		William William	MIDOLE	Cessno		15 MOTHER'S MAIDEN MINTIE	DDLE		Knero	
be execu		VAS DECEASED EVER IN U.S. yes, no or unknown) (IF yes,	ARMED FORCES? GIVE WAR OR DATES)	16b. SOCIAL SECU 214-05-8		Mrs. Edith	N. Cessna, 2		St St	21502 • LaVale
s deoth certificate s attending physica nove carbon paper action, or removal. troumatic event, th		18 CAUSE OF DEATH lEnter PART I. DEATH WAS CAU IMMED 0539 Conditions, if ony, which	IATE CAUSE (o)	Prine for 101, (b), one Perpuals	y au	d cardi	de failure	ligal	1-1	MATE INTERVAL INSET AND DEATH
equires that the insigned by the care Then please remait to buriol, cremoinjury, or other training or other the care of the ca	NO	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(c)		nca 1	utle Stag	nig In & Chen	vathery	7	777
low range of properties only range of prior range o	CERTIFICATION	190 DATE OF OPERATION	2		OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
phys tifico I-troi ol Hy n 18	MEDICAL CE	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	.M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUR	(IN ITEM 18, PART 1	OR PART 2)	
or ottending After this cer e os the burio olth and Ment	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	STREET	CITY OR TOW		COUNTY	STATE
R AITEND hospitol o hospitol o recTOR: A red for use spt. of Heoliem 21 is m		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on 1-11	19_8		d that in (my) (aar) opini	977, to/ — // on death occurred on the do		d from the c	
0 4 0 50 5		22b. SIGNATURE)	1000	usfield	Com	ATTENDING PHYSICIAN		F IAN 🗌	22c. DATE S	
TO HOSPITAL retoined by the TO FUNERAL should be detowith the Stote (IMPORTANT: If		DR. CARLTO	N BRINS			CUMBERLA				
BP	(BURIAL, CREMATION, REMOV SPECIFY) BURIAL	23b. DATE 1/15/			emetery or cremator demorial Par	k, Cumberlan		_	
DHMH - 16 50M 7/77 (VR A 15 (4))	24. F	UNERAL DIRECTOR Wayne George	202 Gree	ene Ŝt. Cu	mberl		AN 2 2 1980	15b. REGISTRAR	KCG.	JRE Aooly

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	(TYPE (OR PRINT)		Georg	ge	Wa	shin	gton	Co.	llins	, jr.		OF DEATH	ESTI- MATED	æk.	1-8-	-8,0	6p
3.	SEX		4. RAC		5. DATE	OF BIRTH	VEAR	6. AGE (IN		JNDER 1 YR.	IF UNDER	24 HRS.	2c. DAT		MO	NTH 0	AY YEAR	2d. HOUF
L	1	Male	Wh	ite		DAI	, Lon	58		NIHS DAYS	HOURS	MIN	PRONOU DEA	D	1-8	-80	19	8p M
70	e. BIR1	HPLACE (S	TATE OR		7b. CITIZ	ZEN OF W	HAT COU	INTRY?	8. MAI	RIED N	EVER MARR	IED 🗆	9. BALTI	MORE CIT	Y OR CO	DUNTY C	OF DEATH	
0	M	arvla	nd	- 10		USA				WED -	DIVORC	46.5		lle				ME
10). CITY	OR TOWN	OF DEA	TH				URSING HO		THER INSTIT	NOITU	12e. USI	MOST OF WO	JPATION DRKING LIFE)	(TYPE OF W	ORK 12b.	OR INDUST	
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1		aryla		Alle	egai	ny	La	Vale		YES 🔀				Nat	cion	al	Highw	ay
0 14	4. FAT	HER'S NAME			MIDDLE			LAST		IS. MOTH	IER'S MAID FIRST	ENNAME		WIDDIE			LAST	
14	In 1874	Geo:	rge	INTER ADA	EDECA	CECO	145.50	Coll:		17. INFOR	Ada			ADDE	Ecc .		Forsyt	
10	(YES,	NO. OR UNKNO	MNI	(IF YES, GIVE W	VAR OR DA	TES)						7	n - 1 *		ESSRt	-, ,	Oldtov	
H	_	es	5.0547	WW I	AND-			714-	1777	Mrs.	Char	Tes	neck.	Ley	Cui	mber.	land,	
	1	8 CAUSE O PART I DE	ATH W	AS CAUSED	BY:		e tar (a), (b), and (c).)		Coros	2 200	000	lusi	on		-	BETWEEN ONSE	den
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				ny, which	1					Coron	arv	Scl	eros	is			-	
				the under-	10	(b) UE TO, OF	R AS A CO	NSEQUENC		001011	ary	F. C. J.	CIOD	, <u>J.</u> 1.5				
		lying cau	ise last.		1	(c)												
	1	ART 2 OTNER SI	GNIFICANT	CONDITIONS C	ONTRIBUTI	NG TO DEATH	BUT NOT RE	LATEO TO THE T	RMINAL OISI	ASE OR CONDITI	ON GIVEN IN PA	ART I (a).						-
			C	arc	ha	e	H-	y De	rte	and.	1 , 7		rke	d				
	MEDICAL CERTIFICATION	9a. DATE OF	OPERA	TION	11	96. COND	ITION FOR	WHICH OP	ERATION	WAS PERFO	RMED?					2	0. AUTOPSY	?
	TIE																YES 🌊	NO 🗌
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		22e. I certi	fy that I	taak charge	e af the r	emains de	scribed ab	oave, held ar	Aut	psy 🗷	Inspectio	In 2015	Inquir	XX	and in r	my apinia	ın	
		death result	ed fram	Natura	al causes	WK.	Acciden	+ D,	Suicide [], Ham	icide/	Under	termined n	manner [].			
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2	E	XAMINER'S	NAME	Ben	in	c+ s	kita	areli	- M	D.	R#9	Cum	berl	and	Ma	rvl	and 2	21502
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73	SPE	CIFY)	_							OR CREMAT		CITY	OR TOWN		477	COUNTY		TATE
2	4. FUN	Buri VERAL DIREC			an .	11/80	10	Dees		lemete: Street	250 DATE	REC'D. B'	moer.	AR 25b. R	ALLE	R'S SIGN	Mary.	Land
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		FOR STATE			DEPARTMENT OF		AND M	ENTAL HY						
-		REGISTRAR CEASED NAME	FIRST	ME	DICAL EXAMIN		ERTIFIC	CATE OF		IL.	G. NQ.	0	0	> 9
	(TYPI	OR PRINT)	Fred	Frank			CA31			OF ESTI- EATH MATE	u.u	1-11-		8 25
	SEX	Male V	ACE White	Sept. 29	6. AGE (IN Y) 1914 . 65 Y	MONTH		IF UNDER 24		DATE NOUNCED DEAD	M	1-11-		
	FOR	RTHPLACE (STATE OF STATE OF ST		76. CITIZEN OF W			ED NEV	/ER MARRIED	V-7V	Alleg		OUNTY OF	DEATH	~
(Cu	y or town of t mberland		(IF NOT IN SUCH FA	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS) rial Hospit	al		ION 12	FOR MOST	CCUPATION PENOPULING FEE LINCLAY	TYPE OF V	WORK 12b. K	IND OF E OR INDUS	BUSINESS STRY USION
13	e. ST	RESIDENCE (# IN ATE aryland	13b. COUN1	ROTHER INSTITUTION, G.	13c. CITY OR TOWN Cumber1		13d. INSIDE CI YES XX	TY LIMITS? 13	3e. STREET	poress Virg	inia	Avenu	e	
4	4. FA	THER'S NAME Harry		WIDDLE	Dawson			R'S MAIDEN		WEDLE			laxle	カ
6	60. W	AS DECEASED EV S. NO, OR UNKNOWN)	ER IN U.S. ARA	AED FORCES? WAR OR DATES)	214-07-24		17. INFORM		W. D	awson,	FESS 501	Buffa	lo,	N. y. St.
		18 CAUSE OF DE PART I DEATH	WAS CAUSED	y one cause per line BY: E CAUSE (o)	for (a), (b), and (c).)	orona	ry O	cclusi	on			86	APPROXIMA WEEN ON	ATE INTERVAL SET AND DEAT
			f any, which a immediate	DUE TO, OR		Coron	ary	Sclero	sis				allé de	P (ten
		lying couse lo		(c)	AS A CONSEQUENCE				1					
	NO	PART 2 DTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	AINAL DISEASE	DR CONDITION	GIVEN IN PART 1	(c).					
	CERTIFICATION	19a. DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH OPER	RATION WA	AS PERFOR/	MED?	74			2D.	AUTOPS	3530
	CAL CER	210. EXTERNAL CA UNDERLYING (CONTRIBUTING (OR		MONTH DAY YEA	R 21c. HO	W INJURY	OCCURRED (ENTER NATUR	E OF INJURY IN ITE	EM 18 PART 1	1 OR PART 2)	120 @	NO L
-	MEDICAL	21d. INJURY OCCU WHILE NO AT WORK AT		21e. PLACE (STREET, FACT	OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC	ATION		cm	OR TOWN		COUNTY		STATE
		220. I certify the death resulted fro		e of the remoins des	Acident , Su	Autaps	Hamici	PECIFY)	Undetermin],	my apinian	-11-8	80
		EXAMINER'S NAM (TYPE OR PRINT)	Bene	edict Ski	tarelic, M.	D. A				and, M	aryl:	SIGNED		
3	G.BU (SP	RIAL, CREMATION ECIFY) Burial		1/15/80	23c. NAME OF CE. Hillcres	METERY OR	CREMATO	ark,	23d. LOCAT	ion Erland	, All	legany	Mar	illana
		orge, Cu	H. Way umberla	ne Georgi nd, Mary 1	e 202 Gr and 21502	eene	St.	So. DATE REC		ISTRAR 25b. I	REGISTRA	AR'S SIGNA	TURE	

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162 061201	AND STANSON		ndi mo delical	les South
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STARRELLI FUNERAL HOME, YOU VIRGINIA AVE. CUMB.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE . DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH Female White 1901 Dec. 78 To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED West Virginia USA Allegany WIDOWED X D CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR APPRESSING (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Housewife Owned Home DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Cumberland Hampton Place arvland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Shillingburg John Tice Carlista A. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO pa (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-20-5592 Louise Holler, Cumberland, Maryland NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for 101, 161, and 10 PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [and Mental Hygie sha 216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATU) AND THEY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 0 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not 226. SIGNATURE DEGREE 77L DAJE SIGNED MEDICAL ATTENDING TO FUNERAL Eshould be detowith the Stote E PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME IDITE OF PRITE 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BP St. Mary's CmeteryCumberland. Allegany Burial Jan.14 .801 250. DATE REC'D. BY REGISTRARIUM REC 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 Salredy (VRA 15 (4)) William G. Kight, Cumberland, Maryland AN 1

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DR. T. H. ELDER

MEMORIAL MEDICAL BLDG. CUMBERLAND, :0. 21502

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	11	FOR - STATE		DEPART		EALTH AND MENTAL HYG	IENE			
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7.5		sow the deceased alive or	sti vie the body	after death.	. 0	nd that in (my) (our) opinion	death occurred on the de	ite and hour a	and from the	couses stated
Hen		22b. SIGNATURE	1 hran	115	1	DEGREE	6	12.2	22c. DATE	SIGNED
<u>*</u>		BAN	regoru	00	W	ATTENDING PHYSICIAN	DIRECTOR PHYSIC		1-	30-80
IMPORTANT	1	22d. PHYSICIAN'S NAME (TYPE				22e. ADDRESS	NEW PORTO			VIOLET I
Por a		GARY L. WA	GONER, N	1. D.		915 SETON DE	RIVE, CUMBER	LAND,	MD. 2	1502
₹	23 o.	BURIAL, CREMATION, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
		SPECIFY) Burial	2/2/8	O Hi	llcre	st Burial Parl	Cumberla			
77	24. F	UNERAL DIRECTOR	1 ~/ ~/ ~	1302. N	ATION	AL HIGHWA VSO. DAT	E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	TURE
		HAFER FUNE	RAI HOME			D. 21502 F	FR 0 5 1980	Light	Kres M	/2
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tive, contrellation, no. 21502			.0.11	GARY L. WAGGN
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APREN FORENCE MORE LANGLE, ND. 21502

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR STATE REGISTRAR DECEASED NAME

70 BIRTHPLACE

Male

Frostxburg,

14. FATHER'S NAME

(SPECIFY)

24. FUNERAL DIRECT

3. SEX

Thomas

(STATE OR FOREIGN Mt. Savage, MD

•	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 Q _{REG. NO.}	000	3 0
FIRST homas	C. G	eary		/29/80 YEAR	2:15pm
	4. RACE Cauc.	5. DATE OF BIRTH 03/02/90 YEAR	6 AGE (IN YEARS LAST BIRTHD)		HOURS MIN.
e,MD	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR C		MI
тн MD	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Frostburg Commu	o HOME OR OTHER INSTITUTION nity Hospital	12a. USUAL OCCUPATION (TYPEOF WORK FOR MOST OF W		BUSINESS OR
13A4AR	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 13d INSIDE CITY HAITS?	200 Glen St.	, Frostburg,	, MD
n WI	LLIAM GEARY	15. MOTHER'S MAIDEN NA	JANE MIDDLE	POOL	2
NUS AR	MED FORCES? IAN SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	5	

OSTBURG

/ L		hknowh NO III YES, SIVE WA	R OR DATES)	217-05-6549	L. Broadwate	r, Frostburg	Communi	ty Hospital
		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B' IMMEDIATE C	4.	line for 101, (b), and ICH			51.11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.	(b) DUE TO, OF	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	1 F:6-16	Fr		
	ATION	PART 2 OTHER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN	PART 1(o)
	CERTIFICAT	19a date of operation	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
7	_	21q, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME O HOUR A./	M. MONTH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR	PART 2)
	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COI	UNTY STATE
		22a. I certify that (I) (this haspital) saw the deceased alive on abave, (I) (we) (did) (did not) vi		190	nd that in (my) (aur) apinian			
		22b. SIGNATURE	/ ~		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	R. DATE SIGNED
1		22d. PHYSICIAN'S NAME TYPE POPRI	NT)		The ADDRESS	Aller St.		
1	2- 0	UIDIAL CREMATION DEMOVAL TO	OL DATE	Tan NAME OF C	EMETERY OR CREMATORY	Tast LOCATION		

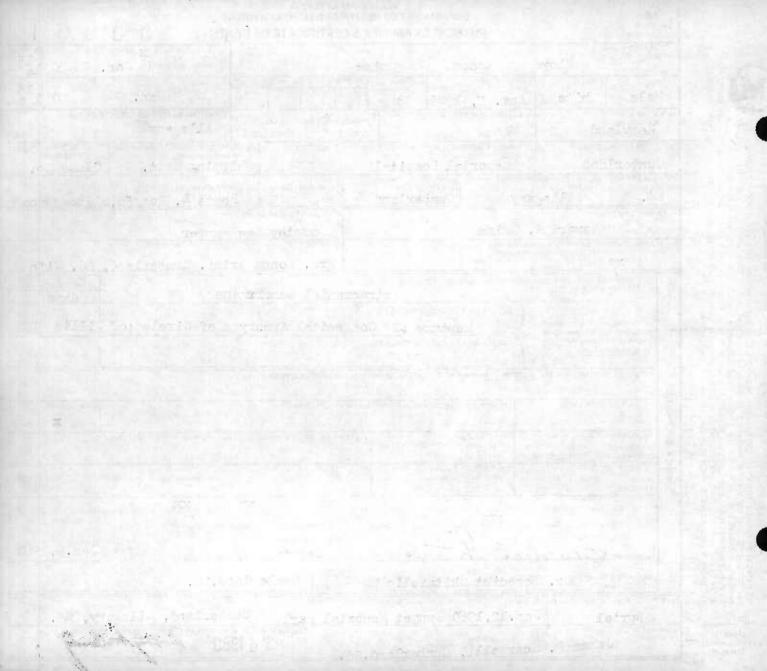
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FROSTBURG

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	OR		1	DEPARTMI	ENT OF HE	ALTH AND	MENTAL	HYGIENE					
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		E FIRST		WIDDIE		LAST		20.	DATE K	NOWN	22	DAY YEAR	2b. HOUR
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SEX		4. RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS	IF UNDER 1 Y		24 HRS. 2c.	DATE		MONTH		
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o. BIR	THPLACE (S FIGH COUNTRY) Maryla	nd nd			Y? 8.			IED L				TY OF DEATH	MD
C	umberl	and	Memori Memori	al Hos	pital		ITUTION	FORMOS	NACH SO TE	INIC LIEE)		OR INDUS	BUSINESS
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YES	, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIA	L SECURITY N			77.61					
	no					Mrs	s. Donr	na Grin	nm. C	umbe	rland	Md. W	ife
	18. CAUSE O	F DEATH (Enter or	ly one couse per line	for (o), (b), o								APPROXIMA BETWEEN ON	TE INTERVAL
	1/ 4		TE CAUSE (o)			acrania	al Hemo	rrhage	9			day	S
San San	gove ri couse (o)	se to immediate stating the <u>under-</u>	(b) R	upture	of C	ongenit	cal Ane	urysm	of C	ircl	e ;of	Willis	ti .
	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	OISEASE OR CONO	ITION GIVEN IN PA	RT 1 (a).	<u></u>				
¥⊦	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WH	ICH OPERATI	ON WAS PERF	ORMED?					70 ALITORS	V2
FF				3841	-111								
CAL CERT			HOUR A.M.	MONTH DA	AY YEAR	21c. HOW INJU	JRY OCCURRE	D (ENTERNAT	URE OF INJU	RY IN ITEM 1	8 PART 1 OR PA		NOL
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a.BUI	CIFY)	TION, REMOVAL		1		ERY OR CREMA		23d. LOCA	NOIT	n d	COU	NTY	STATE
a.BUI	Buria Buria	1	Jan. 12, 19	1			Park	23d. LOCA Cum b REC'D. BY RE	erla	nd,	Allega	any, Md	
4	MEDICALCALCATION SEX MEDICALCALCAN MEDICALCAN MEDICAN MEDICA	TEATE REGISTRAR DECEASED NAM (TYPE OR PRINT) SEX Male G. BIRTHPLACE (S. FOREIGN COUNTRY) MALY SIGNATURE GO. WAS DECEASE (YES, NO. OR UNKING NO TOWN OR UNKING	DECEASED NAME REGISTRAR DECEASED NAME (TYPE OR PRINT) SEX 4. RACE Male White B. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MALTYLAND CUMBERLAND SUAL RESIDENCE (IF IN NURSING HOME IN STATE M. STATE M. STATE HOWARD I. STATE I.	DECEASED NAME REGISTRAR DECEASED NAME PROT SEX Male White Apr. 2, B. BIRTHPLACE (STATE OR POREIGN COUNLEY) Maryland D. CITY OR TOWN OF DEATH Cumberland SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GN B. STATE Md. MANDOLE FREST HOWARD A. Grimm M. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) IB. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if only, which gove rise to immediate couse (o) stating the under- lying couse lost. DUE TO, OR 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. CONDIT 21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH AT WORK 21a INJURY OCCURRED WHILE AT WORK 21a Lecrify that I took charge of the remains described from: Notural causes ACTUAL SIGNATURE DEAD ATT ACTOR Notural causes NACTUAL SIGNATURE PART 2 DIMER SIGNATURE PART 2 DIMER SIGNATURE NOTURAL SIGNATURE PART 2 DIMER SIGNATURE NOTURAL NOTU	DECEASED NAME (TYPE OR PRINT) PROJECT AS A NAME (TYPE OR PRINT) Floyd Anson SEX 4. RACE S. DATE OF BIRTH YEAR Apr. 2, 1941 Male White Apr. 2, 1941 Maryland USA D. CITY OR TOWN OF DEATH USA (B. NOT INSUCHACILITY, GIVE STREET OF MEDITAL HOST OF MEDIT	DECEASED NAME PREGISTRAR DECEASED NAME (ITYE OR PRINT) Floyd Anson Grin SEX Male Male White Apr. 2, 1941 38 yrs. Apr. 2, 1941 38 yrs. BIRTHPLACE (STATE OR POREPH) OLOUNTRY? Maryland CITY OR TOWN OF DEATH CUmberland SUAL RESIDENCE (IF IN NURSING HOME OR OTHER DISTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BY ATTION MARY MARY MALE MEDICAL EXAMINE! 18. CAUSE OF DEATH II. NAME OF HOSPITAL, NURSING HOME, CONTRIBUTION, GIVE RESIDENCE BEFORE ADMISSION II. FATHER'S NAME FRST HOWARD A. Grimm III. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF DUE TO, O	MEDICAL EXAMINER'S CERTION DECEASED NAME (IMPERIATE DECEASED NAME (IMPERIATED NAME) Floyd Anson Grimm SEX 4. RACE S. DATE OF BIRTH VEAR 6. AGE (IMPERIATED NOTHS) DAY 38 YRS. Maryland USA 10. BIRTHPLACE (STATE OR PORPHIN) Maryland USA (ITIZEN OF WHAT COUNTRY? MARYLAND BAY) Maryland USA (ITIZEN OF WHAT COUNTRY? WIDOWED DAY MARYLAND BAY) L. CITY OR TOWN OF DEATH (IF NO INSUCH FACILITY, GIVE STREET ADDRESS) WE MORE OF ITALL NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION (IF NO INSUCH FACILITY, GIVE STREET ADDRESS) WE MAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IMPERIATE CAUSE (O) MARYLAND BAY (IMPERIATE CAUSE (O)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED AND MARYLAND BAY (C) The CONTRIBUTION CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED AT WORK AND ALICE OF INJURY (AT HOME, 21). LOCATION STREET, FACTORY, FARM, ETC.) ACTUAL SIGNATURE DRIVE AND ALICE OF MARY AND ALICE OF MARY AND ALICE OF MARY AND ALICE OF MARKED AND	MEDICAL EXAMINER'S CERTIFICATE OF RECISTOR RECISTOR MODILE RECISTOR NAME FROST Floyd Anson Grimm SEX Anace Male S. Date Of Birth Month Day Apr. 2, 1941 38 YRS. MARRIED MONTHS MO	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MODICE IAST TO CONTROL OF THE MODITION OF THE MODITION OF THE REGISTRAN OF THE REGISTRAN OF THE MODITION OF THE MODI	MEDICAL EXAMINER'S CERTIFICATE OF DESTH SET	SEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DESTH Reg. Reg	MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR SEG. 0. DECEASED NAME (MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR SEG. 0. DECEASED NAME (MEDICAL EXAMINER) SEX	DECEASED NAME PROSSTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. 10. 0 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

TIL ALAD



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE LAST 28 DATE OF DEATH MONTH L DECEASED NAME 2h. HOUR (TYPE OF PRINT) Mabel M. Growden January 19, 1980 1:40P M 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HPS 3. SEX MONTH Q5 97 27 Female White 82 To BIRTHPLACE ISTATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penna. WIDOWEDE Allegany. 120 USUAL OCCUPATION IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cumberland Lions Manor Nursing Home Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 130. STREET ADDRESS 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 804 Bishop Walsh Drive Md. Allegany Cumberland YES [NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Ash Whipp Esther Sperry 17 Lions Manor Nursing Home 140 WAS DECEASED EVER IN U.S. ARMED FORCES? IM SOCIAL SECURITY NO Seton Drive, Cumberland, Md. 210-18-9268 21502 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY **GONSEQUENCE OF** Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN PART TO CERTIFICATION Ma AUTOPSY? N CERTIFYING CAUSES OF DEATHS NOL TIE ACCIDENT WAS UNDERLYING TIL HOW INJURY OCCURRED (INTER NATURE OF INJURY PLITEM IR PART) OR PART 2) YEAR HOUR AM MONTH OR CONTRIBUTING [] CAUSE OF DEATH MEDICAL I P EITHER, NOTIFY MEDICAL FRAMINERS THE INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

COUNTY

STATE

27d. PHYSICIAN'S NAME (TYPE OR PRINT) John A. Topper, M.D.

NOT WHEE

AT HOME. STREET FACTORY, OFFICE FARM, ETC.)

19 80

23c NAME OF CEMETERY OR CREMATORY

Sunset Memorial Park

DEGREE

ATTENDING MEDICAL STAFF Lions Manor Nursing Home

DHMH-16 25M (VRA 15, 4) 1/79

MPORTANT:

should be detact with the State 230 BURIAL, CREMATION, REMOVAL 236. DATE Jan 22/80 Buria

77h SIGNATURE

24 FUNERAL DIRECTOR

Silcox-Merritt Funeral Service, Cumberland, Md

22x I certify that (1) (this haspital attended the deceased from sow the deceased alive an above, IT [we (did) (did not fight the body after death.

ADDRESS 404 Decatur St

Seton Drive, Cumberland, Md. 21502

CITY OR TOWN

and that in (my) (our) aginion death-occurred on the date and hour and from the causes stated

23d LOCATION

Cumberland Allegany Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Listory McChresdy

77: DATE SIGNED

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January 19, 1980 1:40	A. Capadani eli	Lodel
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K	FOR STATE REGISTRAR
m 5	I DECEASED NAME

PARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	1

		CERTIFICATE OF DEATH	8 QREG. NO. O	00	3 3
ST C	MMI NMI	LAST Lamilton	2q DATE OF DEATH MONTH	DAY YEAR	2b HOUR
E	INPIL	Hamilton	1/19/80		10:00a,
	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	White	TONTHOS DAY OF YEAR	73 YRS	MONTHS DAYS	HOURS MIN
7	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	9. BALTIMORE CITY OR COUN	TY OF DEATH	Alla WE
	USA	WIDOWED DIVORCED	ALLEGANY		MD

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Allegany

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Frostburg, Md. Frostburg Community Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138. STATE
1134. COUNTY
1137. CITY OR TOWN

13d INSIDE CITY LIMITS?

NO 15 MOTHER'S MAIDEN NAME FIRST

127 Hill St.

120 USUAL OCCUPATION

unknown

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY unknown

126 KIND OF BUSINESS OR

MAryland

Male 70. BIRTHPLACE ISTATE OR FOREIGH unknown

3 SEX

Clarenc

HIR KITOWAY 17 INFORMANT

YES X

ADDRESS

JONES

WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) VES MINEROWN+

16b. SOCIAL SECURITY NO -18-2248

Frostburg

J. Mallery Frostburg Community Hospital

PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	*	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	(
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF		

190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

ATTENDIN

NO [

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] NOT WHILE AT WORK

21f. LOCATION

200 AUTOPSY?

NO

OR TOWN	COUNTY	STATE

COUNTY

22h SIGNATURE

21e ADDRESS

STREET

PHYSICIAN [

that in (my) (our) opinion, death accurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME LAPE OR PRINT Dr. H. Lee

21a. ACCIDENT WAS UNDERLYING

saw the deceased

231. NAME OF CEMETERY OR CREMATORY

DEGREE

48 Tarn Terrace, Frostburg, Md. 21532 23d LOCATION

TO FUNERAL DIRECT should be detached f MPORTANT: If Item

9

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and Mental Hygi

21 is marked or Item 18

burial-transit per

CERTIFICATION

MEDICAL

DHMH - 16 50M 1/76 (VR A 15 (4))

22/80 Sowers Funeral Home BOOK

220.1 certify that (1) (this haspital) attended the deceased from

7% DATE SIGNED

230. BURIAL, CREMATION, REMOVAL 23b. DATE

FROSTBURG, MD

	10:00		Harfiton	7 4	Clarence
Frostburg, Md. Frostburg Community Hospital unknown unknown MAryland Allegany Frostburg x 127 Hill St., unknown E.B. 2 unknown E.L. 2006 unknown E.B. 2 2007 1 2006 J. Mallery Frostburg Community Hospital unknown E.B. 2 2007 1 2006 J. Mallery Frostburg Community Hospital E. Ma		73 24	70 90 1	White	efett
Maryland Allegany Frostburo x 127 Hill St., unknown E.E. unknown E.E. 200 J. Mallery Frostburg Corpusts, Hospital Corpusts, Hospital Corpusts, Maryland Corpusts, Hospital Corpusts, Maryland Corpusts, Mar			2	AZU	mvorolnu
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		TELEVISION OF THE PERSON	meondos		TALESTE Involved
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Dr. W. Lee 48 Tarm Terrace, Frostburg, Md. 21532					
Dr. H. Lee 48 Tarn Terrace, Frostburg, Md. 21532					
Dr. H. Lee 48 Tarn Terrace, Frostburg, Md. 21532					
Dr. H. Lee 43 Tarm Terrace, Frostburg, Md. 21532					
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Jan. 4.1980 Hillcrest Burial

William G. Kight Cumber and, Md.

HkCumberland Allegany Md.

250. DATE REC'D. BY REGISTRAR TO SEGISTRAR'S SENATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

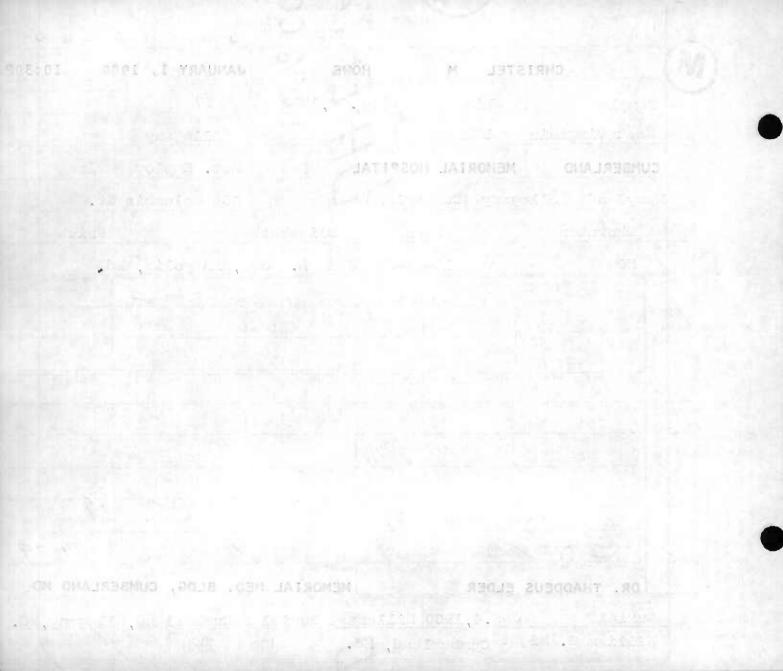
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(VR A 15 (4))

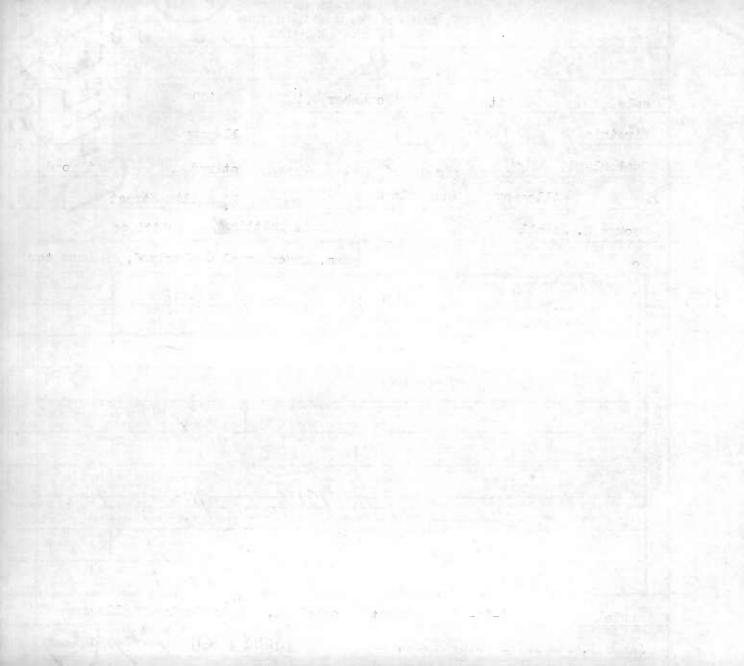
Burial

24. FUNERAL DIRECTOR



		1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 OREG. NO	0 0	1)	3 7
nay be page 3 er death				ellane	MIDDLE H.	2. Is date of	ast		MONTH DAY	YEAR 80	IF UNDER 24
Page 4 m director, p nours after]	Male	White			mber 4,1879	100	YRS.		HOURS
rol 72 l	83	0	RTHPLACE ISTATE OR FOREIGI DUNTRY) Virginia	76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE CITY O Allegany	R COUNTY OF	DEATH	
rs ofter dec by the fune filed within	90		TY OR TOWN OF DEATH Cumberland	11. NAME OF CHARLES	HOSPITAL, NU		DROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired	ON WORKING LIFE)	126. KIND OF INDUSTRY Railro	BUSINES
24 hour filled in ould be	35	USU 13a : M	AL RESIDENCE (IF NURSING H BTATE 135) A.	ome or other institution COUNTY Llegany	GUE RESIDENCE B	efore admission)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 20 Mullin			
mpletely and 2 sh	011		George W. Je	welT	ŁAST		Annie (Trit		ittipoe	LAST	
e execut n and ca Pages I	1	16a. \	VAS DECEASED EVER IN U (ES, NO OR UNKNOWN) (IF Y	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL S	ECURITY NO.	Mrs. Grace A	ppel Cumber		D Daug	ghter
ow requires that the de been signed by the att rmit. Then please remove prior to burial, crematin ony injury, or other than		CERTIFICATION	underlying cause la	DUE TO, O sst. (c) ANT CONDITIONS C		TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR COND	20b. IF YES, W	ERE FINDING	SS USED
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O HOSPITAL etoined by the TO FUNERAL should be det with the State MAPORTANT.	1		22d. PHYSICIAN'S NAME	PYPE OR PRINT)			302 S	chler	1		
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DHMH - 16 60M 1/75 (VR A 15 (4))		24 FI	INERAL DIRECTOR	RPELLT CI	MBERLA!	ND. MD	JAN	2 4 1980		SSIGNATUR	-

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	FOR		STATE OF STA	MARYLAND	VCIENE	
1.	STATE REGISTRAR		ICAL EXAMINER'S		EDEATH .	Maria to the
	ECEASED NAME FIRST		MIDDLE	LAST	70. DATE KNOWN A MON	TH DAY YEAR 26 HOUR
(1	YPE OR PRINT)	KM Rich	ard E Joh	nson	OF ESTI-	13-80 1:25 p
. SI	Male White	5. DATE OF BIRTH	2 YEAR 6. AGE (IN YEARS IF U			H DAY YEAR 2d, HOUR
7 a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	RIED NEVER MARRII	9. BALTIMORE CITY OR COL	INTY OF DEATH
10.	ittsburgh. CITY OR TOWN OF DEATH mber land		PITAL, NURSING HOME, OR OT ILLITY CIVE STREET, ADDRESS) Heart Hospi	HER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE) Supervisor	MD. 12b. KIND OF BUSINESS OR INDUSTRY Bell Telephone
USI P	JAL RESIDENCE (IF IN HURSING HOME STATE Snnsylvania A	Tleg	Bethel Park	13d. INSIDE CITY LIMITS? YES X NO	134. STREEHADDRESS Librar	-
14.	FATHER'S NAME Peyton	WIDDLE	Johnson	15. MOTHER'S MAIDE FIRST Catheri	MIDDLE	Rodgers
160.	WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) (IF YES, GIVE YES NAVV-	WAR OR DATES)	166. SOCIAL SECURITY NO. 211-14-2241	17. INFORMANT	ADDRESS	
	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA	oly ane cause per line of DBY: TE CAUSE (a) DUE TO, OR (b)	AS A CONSEQUENCE OF	racture; d aorta; Accident	Neck Fracture Crushed chest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden
CERTIFICATION			UT NOT RELATED TO THE TERMINAL DISEA		T 1 (a).	20. AUTOPSY?
TIFIC		1				YES XX NO
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	22a. I certify that I taak charged death resulted from: Natural SIGNATURE		ribed abave, held an Auta Agaident , Suicide	Inspection Hamicide / JULE (SPECIFY)	Undetermined manner .	1 12 90
	EXAMINER'S NAME Bene		tarelic, M.D	R#9,C	umberland, Mary	land 21502
23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)		23c. NAME OF CEMETERY			OUNTY STATE
24.	Burial FUNERAL DIRECTOR	1/17/80	St. Josephs	Cemetery	Pittsburgh Pa EC'D. BY REGISTRAR 1256. REGISTRAR	S SIGNATURE
	John J. Hafe	ADDRESS Jr La	Vale. Md.	JAI	V 2 2 1980 history	1 Mc Creaty

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o e pe	(11)	PE OR PRINT	AM DATRICK	VEI	LV	JANUARY 10	
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once	9	COUNTRY)		MARRIE	D MEVER MARRIED		
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ore, your may not con a ges I dicale	160		RMED FORCES? 166. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS 7	16 Greene Street
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or by or r		410-	DUE TO, OR AA A CON	SEQUENCE OF		^ /	21
deat deat deat deat ove ove filon,		Conditions, if ony, which	(b) Acu	ita mo	o cardral	interction	2 days
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NG PHYSICIAN: The low requires that the death certification of the other days is seen signed by the attending post the buriol-transit permit. Then please remove carbon the ond Mental Hygiene prior to burial, cremotion, or removed or them 18 shows ony injury, are other troumarities.		underlying couse last.	Conor	San CA	Terr diseas	0	14 VR5
ned ned y, or		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
RDS n sig Ther to b	NO	Conges	ture Loant	Fee Tax	0		
mit prior	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
hos hos	LE	-				YES TO NOT IN CE	RTIFYING CAUSES OF DEATH?
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CIAN Physical Physica	1	OR CONTRIBUTING CAUSE OF DE					
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tren tren the ond	N.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
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OR he he he both Both Both Both Both Both Both Both B		13000) - 1	\	ATTENDING	_ MEDICAL _ STAFF _	22c. DATE SIGNED
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OSP ned be tune id be the S		PAUL L. LIVE	ENGOOD, M.D. F	OR	22e. ADDRESS		
O HOSP etained to TO FUNE should be with the S		WAYNE SPIGG		OI C	912 SETON D	DRIVE, CUMBERLAND	MD. 21502
7 5 7 4 3 ₹	23o.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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(VR A 15 (4))	F	REDLOCK FUNERAL		EDMONT W	VA-26750 11	AN 1 8 1980	Ann. Kon H
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STATE OF MARYLAND

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(M)	page 3			REGISTRAR EASED NAME OR PRINT)	FIRST Man		E KI		AST	REG. N 20 DATE OF DEATH 1/22/80	O. MONTH DAY	YEAR	26 HOUR 10:05р
ge 4 moy	ector, paç rs after de		3 SEX	Female		4. RACE White		5 DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN
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E, MARY	completel	110		THOMES (AS DECEASED EVER		MIDDLE	James 166 SOCIAL SECU		FIRST E11	MIDDLE		Stewar	t
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I W. PRESTON ST., B.	by the attending physics remave carbonpap I, cremotian, or remavo ather traumotic event,			PART I. DEATH W	AS CAUSE IMMEDIAT which nediate ig the	D BY: TE CAUSE (0) DUE TO, O (b)	R AS A CONSEQUE	ence of	Failing heart of cote Bird's	enline.	d'Seuse	Ma	
L RECORDS, 20	on. has been signed permit. Then ple ene priar to burio ows any injury, ar	9	CERTIFICATION	PART 2 OTHER SIGN Oculi 19a DATE OF OPERA	mp	per re	ONTRIBUTING TO I	n ni	NOT RELATED TO THE TERM - fector N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	* IGS USED
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PITAL OR	ERAL DIR te detoche State Dep ANT: If Ite			22d. PHYSICIAN'S NA	SC J	PRINT)	hw	1	ATTENDING	MEDICAL STA	FF CIAN 🗌	1/2	3/80
TO HOSI	TO FUNER should be a with the Sta	/	23c P	Dr. L.	Sand	hir	22.1	NAME OF C		errace, Fro	tburg,	MD. 2	1532

23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 1/25/80 Memorial Park Burial

d. LOCATION
CITY OR TOWN
Frostburg

COUNTY A.

Md

24 FUNERAL DIRECTOR DHMH - 16 50M 1/76

BP.

(VR A 15 (4))

Eichhorn Funeral Home

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250. DATE REC'D. BY REGISTRAR 11 GISTRAR'S SIGNATURE

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CERTIFICATION

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MPORTANT

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 7g DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTS NELLIE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I VEAR FUNDER SAMPS DAY 1899 MONTH HOURS WH TTE FEMALE 1000 reh To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md -IISA WIDOWED DIVORCED [Allegany 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR Cumberland Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Instructor Education ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d_INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany YES W esternport 303 Walnut

14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE Thomas Z. Kooken Grace Rina ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES)

5687 no Browne V. Kooken Westernport Md 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (o), stoting

DUE TO, OR AS A CONSEQUENCE OF underlying couse last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NOTE YES [21a, ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

71d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK

21f LOCATION

CITY OR TOWN

COUNTY STATE

BETWEEN ONSET AND DEATH

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5Am & why 22a. L certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive an. and that in (my) (par) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (da) (did not) view the body after death

22b. SIGNATURE DEGREE ATTENDING MEDICAL

Philos Cemeterv

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

23g. BURIAL, CREMATION, REMOVAL

(SPECIFY Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Westernport Aflegany 750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECT Fundal Service P.A. Wes ternport, Md.

73h DATE

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		AND A PERSON		

24 FUNERAL DIRBOTOR J. Hafer, 1302 NATIONAL HWY.,

THE HILLS, LA VALE, MD. 21502

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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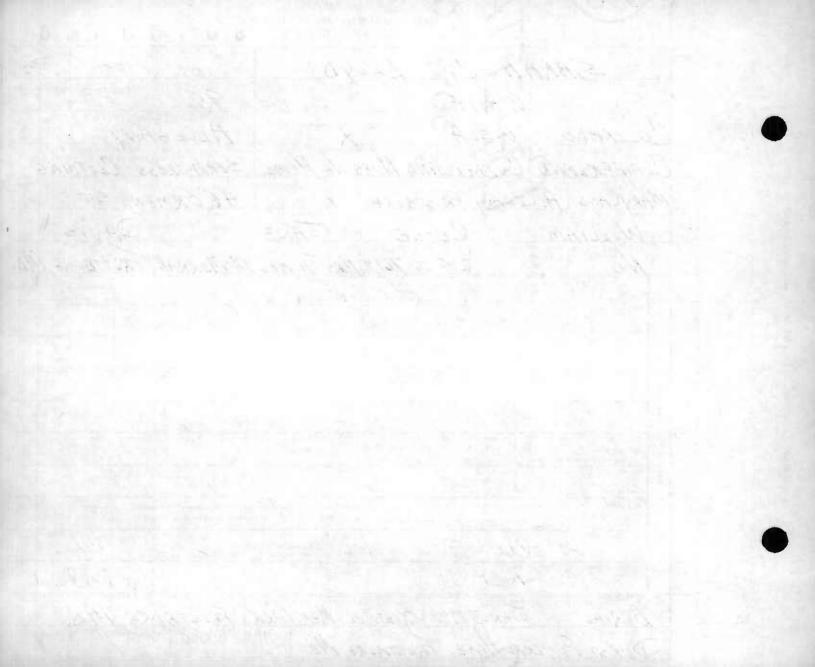
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE YEAR 2b HOUR TYPE OR PRINTY 3 SEX AGE INTERNSTRUCT BETFORT IF UNDER I YEAR BIRTH E UNDER STERRE MONTH BURTHPLACE ISTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED WIDOWED ITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR **IDIDUSTRY** MARYLAND 21201 GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES?
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS BALTIMORE, 166 SOCIAL SECURITY NO. 17 INFORMAN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause lat, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [shov 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PAA 10 20 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from , that (I) (we) last saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did-not) view the bady after death DIREC be detac... 226. SIGNATURE DEGREE 221. DATE SIGNED + ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME TYPE OR PRINT 22e ADDRESS should b 0 23d LOCATION 23a. BURIAL. CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY STATE BP 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND



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		REGISTRAR		ME	DICAL EXAMI	NER'S CER	TIFICATE C	OF DEATH	REGINO.	0 4	9
2/		EASED NAME	FIRST		WIDDIE	LAST		20. DATE	KNOWN KNONTH	DAY YEAR	75 HOUR
W 11 2 11			Helen		V.	Lomba	andi	OF DEATH	MATED Jar	123 1980	35 HOURS
200	3. SEX			5. DATE OF BIRTH	6. AGE (IN	YEARS IF UNDER	1 YR. IF UNDER		MONTH		\$ 141
商品	Fe	male Wh	ite	Feb.13	1924 55	YRS.	AYS HOURS	MIN PRONOUN DEAD		22	6 30
	7a. BI	RTHPLACE (STATE O		76. CITIZEN OF W	HAT COUNTRY?	10	78.7	0 RAITIAA	Jan. ORE CITY OR COUN	23 1980 TY OF DEATH	PM
25	FOI	MD				WIDOWED [DEVER MARR	IED I	Allegany		
1	10. CI	Y OR TOWN OF D	EATH	US NAME OF HO	SPITAL NURSING HOL				ATTON (TYPE OF WORK		MD.
20				(IF NOT IN SUCH F	SPITAL, NURSING HOACHLITY, GIVE STREET ADDRESS	Oldtor	m Rd.	FOR MOST OF WORK	(ING LIFE)	OR INDUST	RY
		mberlan		1516 D	Oldtowne	Manor	Apt.	Housew	ife	Own He	ome
1	13a S1	AIE	136 COUNT Alle		13c CITY OF TOWN	1134 1	NSIDE CITY LIMITS?	13e. STREET ADDRES	ss Oldto	own Rd.	
<u></u>			Alle	egany	Cumberl	and YE	s 🔣 NO 🗌	1516 D	Oldtowne	Manor	Apt
0 10	14. FA	THER'S NAME		MIDDLE	LAST	15. A	AOTHER'S MAID	EN NAME	IDDLE	LAST	
4		Retta			Harper	I	ewey	G.		Wilfond	7
1	16a. W	AS DECEASED EVE	R IN U.S. ARM		166. SOCIAL SECUR	ITY NO. 17. IN	NFORMANT		ADDRESS		1
		No.	(IF YES, GIVE W	WAR OR DATES)	218-16-	3959 Fr	ank Io	mhardi	Cumberla	ma WD	
H		18. CAUSE OF DE	ATH (Enter only	y one couse per line	far (a), (b), and (c).)	3333 IL L	dirk DO	IIIDar GT	cumberra	approximati	E INTERVAL
1		PART I DEATH	WAS CAUSED	BY:	CARCINOM	ATOSTS	GENERA	TTTED		BETWEEN ONSE	T AND DEATH
,	1	15170	IMMEDIATE	E CAUSE (a)	AS A CONSEQUENC		CHILDIA	117717		MONTE	15
		Canditians,	any, which	00010,00	GARCINOM		E DAMO	DENG			
OR NEWOOD		gave rise to cause (a) stati		(b)			E PANC	REAS		MONTE	IS
		lying cause la		DUE TO, OR	AS A CONSEQUENCE	E OF					
				(c)							
	z	PART 2 DINER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE DR CD	NDITION GIVEN IN PA	RT 1 (a).			
-	CERTIFICATION	190. DATE OF OPE	DATION	Tini and in							
2	ICA	176. DATE OF OFE	KATION	198 CONDI	TION FOR WHICH OP	ERATION WAS PE	RFORMED?			20. AUTOPSY	
	RTIF									YES 🗆	NO X
2		210 EXTERNAL CA		21b. TIME OF	FINJURY 1. MONTH DAY YE.	AR 21c. HOW IN	NJURY OCCURRE	D LENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR P	ART 2)	
4	MEDICAL	CONTRIBUTING	CAUSE OF D			17					
	VED	WHILE NO			OF INJURY (AT HOME,	211. LOCATIO	N	CITY OR TOW	/N 60	DUNTY	STATE
1	-	AT WORK AT	WORK							70111	JIAIL
1	54	220 Leertify the	it I taak charae	of the remains de	scribed abave, held an	Autopsy], Inspection	n X Inquiry	and in my o	-1-1	
		death resulted fro		al causes XX,			Hamicide .			pinan	
		deam resuited fro	1 NUTURO		Deni L.			Undetermined mai	nner [_],		
		ACTUAL /	30	e. to	16.1-1	1	TLE (SPECIFY)		DATE		7-7-5
100		SIGNATURE	une	and A	THERE	M.D.	DEPUTY	MEDICAL EXAMI	INER SIGN	EDJAN 28	,1980
04	east!	EXAMINER'S NAM (TYPE OR PRINT)	E BENE	DICT ST	ITARELIC	MT	30 m	11 0 000			
-						MD ADDR			BERLAND	MD 215	02
	230. BL	RIAL, CREMATION	REMOVAL 23		Control of the contro	EMETERY OR CRE		23d. LOCATION CITY OR TOWN	COL	INTY ST	TATE
	04 51	Buria	. 0	an.26,1	980Zion 1	Memoria	1Park	Cumberl:	and All	egany N	ID.
	24. FU	NERAL DIRECTOR		ADDRESS					7 735 REGISTRAR'S	SIGNATURE	
		William	a G. K	ight C	umberlan	d. MD	101	3 0 1000	triffren	halred	4

t ed -- 1912 Ether Burghed , copposit Sereof the control of the ELL CONTROL CO., ISSUES TO A THE TOTAL OF THE PARTY OF TH CAC BATTER OF THE ACT OF THE PLAN.

	T OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	ÜREG. N	10. 0	0	Ü	5	O
	LA	ST	20 DATE	OF DEATH	HTHOM	DAY	YEAR	2b. HC	UR
	LOU	JGH	JANUA	ARY 31	, 198	30		2:0	0 Am
5. 0	DATE O MONTH	18° 1948	6. AGE (IN	YEARS LAST BIR	THOAY)	MONTH	OER I YEAR	IF UNO	ER 24 HRS
WI	DOWE		ALLI	ORE CITY C	COUNT		EATH		MD.
GIVE STREET AOORE		ROTHER INSTITUTION		REFORMOSTO CK Dri			b. KIND O DUSTRY Pape		
YOR TOWN 1 Keyse		13d. INSIDE CITY LIMITS? YES NO 🔼	13e. STREE	ADDRESS BOX	136A	Кеу	rser	W. '	Va.
odgh		15. MOTHER'S MAIDEN NAME OF THE PROPERTY OF TH		WIDOLE			LAS	erm	er
S-12-90L	16°	17. INFORMANT ROSIE	Lough	Rt .	l Box	130	SA Ke	yse	rW.
(a), (b), and (c).	e	failure					APPRÓX BETWEEN	MATE IN	ERVAL ND DEATH
CONSEQUENCE	OF.	1 0		0 -	1 1 (

I. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) WALTER DAVID 4 RACE 3 SEX White Male To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT Va. IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITA Cumberland NOT IN SUCH FACILITY SACRED HE USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RES Rt CIT W. Va. 4 FATHER'S NAME Tio David In WAS DECEASED EVER IN U.S. ARMED FORCES 16b SC 21 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR Landierraspelar Dislose Conditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD YES T NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED I FINTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STRFET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK TA 22a. | certify that (1) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body ofter deo 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS 2 15 02 GROUP 912 SETON DRIVE, CUMBERLAND, BRADDOCK MEDICAL MD. 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial

emotion, pleas iof. Then 0 be detached for use as the buriol-tronsit per e State Dept. of Heolth ond Mental Hygiene After this certificate OR ATTENDING PHYSICIAN: O FUNERAL DIRECTOR: A hould be detached for use with the State Dept. of Heal by the hospitol HOSPITAL BP. (VR A 15 (4))

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If Rem 21 is

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FOR - STATE REGISTRAR

DHMH - 16 50M 7/77

ADDRESS , LC 24. FUNERAL DIRECTOR WESTERNPORT BOALIS

Cem.

MD 21562

Hampshire W. Va. Maysville

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



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T. Hall) r t y		nton Louth	i, prod
on h t 1 30° 136	rs ee	TAIRS.	-51-112	C
SE, CUNCELLAND, NO. 21502			ş	
SV.v sillensan officery	• mo	Pingso.		. 1:10

BOALLS III CHURCH ST., RESTENSIONET, NO 21512 F

SCARPELLI FUNERAL HOME, CUMBERLAND, MD. 21502 [IAN]

(VR A 15 (4))

STATE OF MARYLAND

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HIVE, CUMBENLAND, NO. 21502			GARY L. VAGO

		FOR STATE			MENT OF HE		ND MENTAL H				
		REGISTRAR	FIRST	MIDDLE	EXAMINE		TIFICATE		REG. NO.	0 5	>
		LASED INAME	Claude E.	Ма	rtin	LAST		2a. DATE OF DEATH	ESTI-	-2-80 19 10:	26. HOU 37a
3	Ma	ale White	SEPT		6. AGE (IN YEARS LAST BIRTHDAY) 76 YRS.	IF UNDER	1 YR. IF UNDER	24 HRS. 2c. DAT MIN. PRONOL DEA	NCED	NTH DAY YEAR	7 a
	7a. BII	RTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUN		MARRIED Z	NEVER MARR	IED 🔲	wore city or co legany		
	_	y or town of DEATH	(IF NOT IN SUCI	FACILITY GIVE ST	RSING HOME, COTREET ADDRESS)			RET STOR	JPATION (TYPE OF W	ORK 12b. KIND OF BU: OR INDUSTR LIQUOR	SINESS
h	13a S1			GIVE RESIDENCE		134.	INSIDE CITY LIMITS?	13e STREET ADDR	shington	Street	37 8
1	14. FA	THER'S NAME	MIDDLE		LAST	15. /	MOTHER'S MAIDI	NAME	MIDDLE	LAST	
-	16a. W		YES, GIVE WAR OR DATES)		IAL SECURITY N		ALTCE		ADDRESS	KELLEY	
F		PART I DEATH WAS	Enter only one cause per l CAUSED BY: MEDIATE CAUSE (a)		6-14-16 , and (c).)	18 IJI CORO		MARTIN 111 CCLUSION	5 WASHING	APPROXIMATE BETWEEN ONSET SUDDEN	INTERVAL AND DEATH
		Canditians, if any, gave rise to imm cause (a) stating the lying cause last.	which nediote DUE TO,		SEQUENCE OF	(CORONARY	SCLEROS	IS		
	NO	PART 2 OTNER SIGNIFICANT CON	(c)	TH BUT NOT RELA	TED TO THE TERMINA	L OISEASE OR C	ONOITION GIVEN IN PA	RT 1 (a).			
	CERTIFICATION	19a. DATE OF OPERATIO	19b. CON	DITION FOR V	WHICH OPERAT	ION WAS P	ERFORMED?			20. AUTOPSY?	NO []
		210 EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAU	HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW I	NJURY OCCURRE	D (ENTER NATURE OF H	JURY IN ITEM 18 PART 1		NOL
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK		E OF INJURY ACTORY, FARM, ET		21f. LOCATI STREET	ON	CITY OR TO	имс	COUNTY	STATE
		22a. I certify that I tack death resulted fram: ACTUAL SIGNATUR	Natural causes	Accident Bite	ve, held an Suicid	ī	Inspection Hamicide / Hamicide (SPECIFY) Deputy	Undetermined m	anner .	ny apinian ATE	
		EXAMINER'S NAME BE				ADD	KESS		d, Marylı	and 21502	
L	(SI	BURIAL	1-4-1980		PETER&		EMETERY	23d. LOCATION CITY OR TOWN CUMBERL		COUNTY STA	
Г		NERAL DIRECTOR NAME Isure-Stein,	Cumberla	and, Ma	30 BALT	IMORE	AV 250. DATE	REC'D. BY REGISTR	AR 125b. REGISTRA	R'S SIGNATURE	4

nitrail . . ohpaid Maria Jana 4 5 mg and 8 Theorem I will be a first of the contract of t The transfer of the second ing of the common to the common DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

(VR A 15 (4))

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Restaura Tyminger, Popular 15305

	FOR			ST. DEPARTMENT OI		MARYLAND HAND MENTA	HYCIENI					
1.	STATE REGISTRAR			DICAL EXAMI				TAR.	1 ho. 17		146	19
	ECEASED NAA	AE FIRST		MIDDLE		LAST		DATE KNOW	N 53 MONT	H DAY	YEAR	2b. HQ
1,	TPE OR PRINT)	JAMES	5	FRNEST	М	e FARLANE		OF ESTI-	0 1	11	19 80	3: HO!
3. SI	X		DATE OF BIRTH	6. AGE (IN	EARS IF U	NDER TYR. IF UN	DER 24 HRS.	C DATE	MONTH		YEAR	24. HO
	fale	White		1898 81	MON	DAYS HOURS	MIN	DEAD	1	11	1980	Ā
70.	OREIGN COUNTRY	STATE OR 7	b. CITIŽEN OF WH		8. MARE	RIED NEVER MA	ARRIED 🛣	BALTIMORE CI	TY OR COU	NTY OF D	EATH	
	<u>larylan</u>		U.S.		WIDOV		ORCED				EGANY	
	CITY OR TOWN		(IF NOT IN SUCH FA	PITAL, NURSING HOA		HER INSTITUTION	FOR MI	AL OCCUPATION OST OF WORKING LIFE)	OR	INDUSTR	RY
1151	umberl:	and (IF IN NURSING HOME OR O		ial Hospit			Tra	ain Disp	atcher	Rai	ilros	ıd
	STATE	13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMIT						
14	* Mar		egany	Cumberla	nd	YES 🔼 NO		17 Glenn	Stree	t		
14.	ATHER'S NAM		MIDDLE	LAST		15. MOTHER'S MA		MIDDLE			AST	
160		liam ED EVER IN U.S. ARME	R D FORCES?	McFarl	ane	Cla	ra	ADDI	RESS 1.22		Shaw	- 4
100	YES, NO, OR UNKN	OWN) (IF YES, GIVE WA							422	Virg		
		DE DE ATH /5-1	t:	705-05-8	017	Mrs. Cl	ara Pal	ilus	Cum	berla	end,	
13	PARTID	OF DEATH (Enter only o	one cause per line Y:	far (a), (b), and (c).)	0	0	.7			BETWI	EEN ONSET	AND DEAT
	141	IMMEDIATE (AS A CONSEQUENCE	Coror	ary occ	clusion			Suc	dden	
	Canditio	ans, if any, which	DOL TO, OK	AS A CONSEQUENCE						1100		
		rise to immediate	(b)	AS A CONSEQUENCE		ronary	Scleros	73			444	
	lying co			AS A CONSEQUENCE	Or							
	PART 2 OTHER S	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH E	BUT NOT RELATED TO THE TEL	MINAL DISEAS	E OR CONDITION GIVEN I	IN PART 1 (n)					
Z							1 (4).					
T E	19a. DATE O	FOPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION V	AS PERFORMED?				2D. Al	UTOPSY?	
7 ×										Y	ES 🗆	NO 🗆
CERTIFICATION		AL CAUSE WAS	216. TIME OF	INJURY MONTH DAY YEA	21c. H	OW INJURY OCCU	IRRED (ENTERN)	ATURE OF INJURY IN ITE	M 18 PART I OR			
3	UNDERLYIN	G OR ING CAUSE OF DEA			\n\							
MEDICAL	21d INJURY WHILE		21e PLACE C	OF INJURY (AT HOME,		CATION		CITY OR TOWN		COUNTY		STATE
1	AT WORK	NOT WHILE AT WORK						CII. OK TOWN		.COMIT		SIMIE
	22a. I cert	lify that I taak charge a	of the remains desc	cribed abave, held an	Autor	osy , Inspe	ction SC ,	Inquiry X	and in my	apinian		
	death resul				vicide	Homicide		mined manner	7.			
		D	. 111	11	. 1	TITLE (SPECIFY						
	SIGNATURE	Denea	ect	elarel	LC N	Deputy		AL EXAMINER	DATI	E Ja	n.ll	.,198
)	EV A MAIN IED/O	NAME		21 26								
	EXAMINER'S (TYPE OR PR	Benedi	let Skita	arelic, M.	J.	ADDRESS	Cumber	rland, Mo	1.			
230.	BURIAL, CREMA	ATION, REMOVAL 236.		23c. NAME OF C			23d. LOC	ATION	cc	YTAUC	ST	ATE
	Buri		Jan 14/8	0 Hiller	est B	urial Par	k Cur	nherland				
	FUNERAL DIRE		ADDRESS	404	Decat	ur St 750. DA	TE REC'D BY	REGISTRAR	EGISTRAR	SIGNATU	IRE	
0	ilcox-	Merritt Fur	neral Ser	rvice.Cumb	erlan	d, Md	1 4 130		7	-COM	7	1

A STATE OF THE STA ** nitial Market Curry or right Extension ** . Spaint in the contract results . recommended in the contract of the contract And the second of the second o medical

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IMPORTANT: If Item 21 is

		FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HY	GIENE						
	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	U _{REG.}	NO. ()	U	0	5	6
		CEASED NAME	FIRST	N	IDDLE	L	AST	2a. DAT	E OF DEATH	MONTH	DAY	YEAR	2b. HOU	UR
	,	ELI	ZABETH	1 VERC	NICA MC	LEAN		JAI	NUARY	31, 1	980		1:0	0 P
ì	3. SEX	(4.1	RACE		5. DATE C		6. AGE	IN YEARS LAST	BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	R 24 HRS
	I	FEMALE		WHIT	E	4	26 1897		82	YR		DATS	HOURS	Mile
pol.		RTHPLACE (STATE OR FOI	REIGN 7b.	CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALT	MORE CITY	OR COUN	ITY OF I	DEATH		
9		EST VIRGINI	EA.	US	A	WIDOWE	avet .	AL	LEGANY	COUN	TY,			м
2		TY OR TOWN OF DEAT	TH 11	(IF NOT IN SUCH	OSPITAL, NURSIN HEACILITY, GIVE STREET D HEART	ADDRESS)	TAL	(TYPE OF	VALOCCUP WORK FOR MOS SEWIFT	T OF WORKING		2b. KIND C NDUSTRY)F BUSIN	ESS O
E	13a. S	AL RESIDENCE (IF NURSIN TATE ARYLAND	NG HOME OR OTH		GIVE RESIDENCE BEFORE 13c. CITY OR TOW CUMBERLA	N	13d. INSIDE CITY LIMITS? YES NO 🗌		EET ADDRES		CUMI	B,MD		
	14. FA	THER'S NAME	MIDI	DIF	LAST		15. MOTHER'S MAIDEN N	AME	WIDDLE		- 0.0	LAS	5.7	
1		PATRICK		766	CASEY		MARY		MIDDE		COLE			
		VAS DECEASED EVER I	N U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADI	ORESS	NE	VPOR1	NEWS	3
		NO	(# 700, 0112 111	a on Daice,	215-44-	-8893	JOHN J. McI	EAN18	2 REXI	FORD I	R	VIRO	INIA	7
		18. CAUSE OF DEATH	(Enter only	one cause per	line for (o), (b), an	d (c)				-11-11	_	BETWEEN	IMATE INTE	RVAL D DEATH
		PART I. DEATH WA	AS CAUSED E		Car	des	e arrest					S	nu	~
		4140			R AS A CONSEQUE	NCE OF						2	ous	4
	13	Conditions, if any,		(b)		AS H	0			2-14		-	y	
		gave rise to imm cause (a), stating underlying cause	the '	DUE TO, OF	R AS A CONSEQUE	NCE OF								
		PART 2. OTHER SIGN	IFICANT COI	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DIS	EASE OR CO	NOITION	GIVEN I	PART 1	0)	
	CERTIFICATION	The state of		Acceptance										
7	CAT	19e DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A	UTOPSY?			RE FINDI		
1	I E		till Cit					YES [] NO[YES 🗌		NO [
7		210. ACCIDENT WAS UNDI OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	IRRED (ENTI	ER NATURE OF I	VJURY IN ITEM	18, PART 1	OR PART 2)		
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗀	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR	TOWN	c	OUNTY	S	STATE
		220.1 certify that (1)	this hospital	ottended the								,	, , ,	'
	1	sow the decease above, (I) (wef)(d	d alive on id) (did no	ew the body	tter death.	, or	nd that in (my) (our) apinio	n death acc	urred on the	e date and	nour and	I from the	causes st	toted
		22b. SIGNATURE	lem	//	Bu	mp	DEGREE ATTENDING	MEDIC	CAL S	TAFF		22c. DATE	SIGNED	80
		- /		1	7		PHYSICIAN	DIREC	OR L PHY	SICIAN V			1.1	0.

CHECKE NEWEZA MIN. D. VICTOR E. MAZZOCCO, M.D. 230. BURIAL, CREMATION, REMOVAL BURIAL 23b. DATE

GROUP

STATE

DR., CUMBERLAND, MD., 21502 23d. LOCATION CITY OR TOWN THOMAS 23c. NAME OF CEMETERY OR CREMATORY

24. FUNERAL DIRECTOR STEIN FUNERAL HOME CUMBERLAND, MD

2-4-1980

MT . CALVERY CEMETERY 230 BALTIMORE FEB 1 TUCKER W.VA.

BY REGISTRAR 256. REGISTRAP'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

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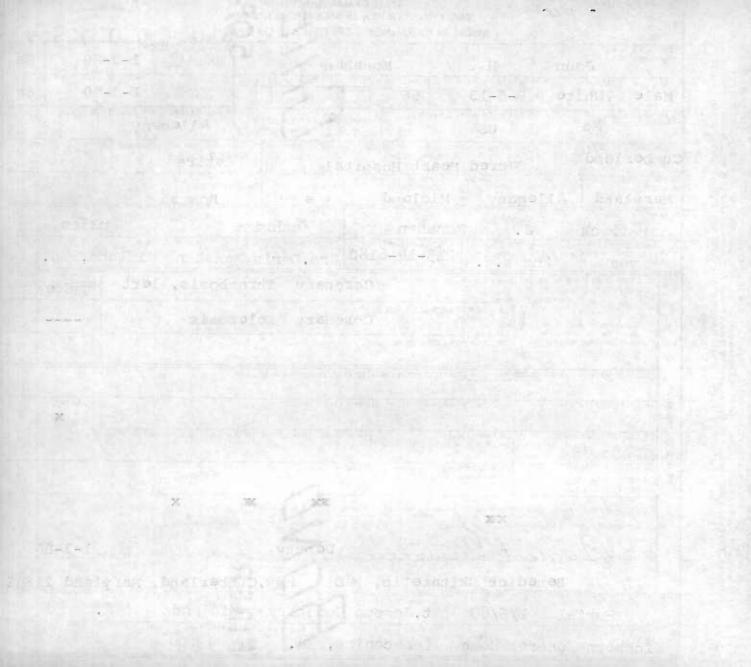
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5 00:11	Junia 1, 1980	MARI ON ACTIONEY INTERN	1.12
	20 1 97 1 02		
	ALLEGATY COUNTY,		alma dii
	DA CONTROL DA	TIPON TAKEN CEKSAC	
	Joseph Holiot Garne 912 SETUR Ni., Curberth Byrn., Lil		.a norātv,
	e • W . 3.10 H 7	STELL PULCEAL HONE CURSELL	-3NUCABL

lay.	1	FOR STATE REGISTRAR	•		DEPARTA		EALTH AND MENTAL HYC ICATE OF DEATH	SIENE 8 Q	0 0	0 0	5 7
		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	(str	E OR PRINT)	UTH		E.	M	ILLER		1/15	/80	11:20 a
1207	3 SE	X		RACE		5. DATE C		6. AGE (IN YEARS LAST 8	IRTHDAY	IF UNDER 1 YEAR	
	1	Female		Whit	te	12	16 *68	71	YRS.	MONTHS DAYS	HOURS MIN.
in 72		IRTHPLACE (STATE OR FO	REIGN 7	USA	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY Alleg	OR COUNTY	OFDEATH	MD.
portified with		umberland	TH 1	II. NAME OF	HOSPITAL, NURSING HEACIUTY, GIVE STREET,	G HOME C	Group	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Retired	TION		OF BUSINESS OR
ed survey be	13a	AL RESIDENCE (IF NURSI STATE MD	13b. COUNT	other institution by egany	GIVE RESIDENCE BEFORE 13 COTY OR TOW Midland		13d INSIDE CITY LIMITS? YES NO X	Box 164	3		
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Poges 1	160	WAS DECEASED EVER I		NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		1100000
E LO		no	(# 120, 0112	TAN ON DATEO			Mr.Robert	Miller	Lon	aconin	ng. md.
oval.		18 CAUSE OF DEATH	(Enter only	one cause per	line for (o), (b), on	d (c) l				APPROX BETWEEN	CIMATE INTERVAL ONSET AND DEATH
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or re		4111-		DUE TO. O	R AS A CONSEQUE	NCE OF				,0	,
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rial,				((c)			-				
la bu	z	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS <u>Co</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIV	EN IN PART 1	0)
5 -	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20h JE YES	S, WERE FINDIN	NGS LISED
E S	IFIC							YES T NOT	IN CERTIF	YING CAUSES	
oks —	ER	21a. ACCIDENT WAS UND	ERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUR				NO
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d or Item 18 sho	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d, INJURY OCCURR			M. OF INJURY	19	21f. LOCATION				
rked	ME	WHILE NOT WH	LE TT	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	NWC	COUNTY	STATE '
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of H	24	sow the deceose obove, (I) (we) (d	d olive on_	a. Akabadı	19	, or	d that in (my) (our) opinion	death occurred on the	date and hou	r and from the	couses stated
Dept.		22b. SIGNATURE	MA HOT	view the oddy	Orfer dearn.		DEGREE			22c. DATE	SIGNED
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Sto		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	0		22e. ADDRESS	J DIRECTOR FITTS	ICIAIT	1	•
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ods M	23a.	BURIAL, CREMATION, F	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN			
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		OR	-			OF HEALTH	MARYLAND I AND MENTAL H	YGIENE			
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١	(TYPE	OR PRINT)	John	Н		Monal	nan	OF ES DEATH MA	TED 1-3	- 80 ₁₉	8
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		THPLACE (S		76. CITIZEN OF WE	HAT COUNTRY?		IED NEVER MARR	ED L ATTE	city or count	TY OF DEATH	
0		y or town nber la			PITAL, NURSING CILITY, GIVE STREET ADI Heart	DRESS)		120. USUAL OCCUPATE FOR MOST OF WORKING Retire		OR INDUSTR	
-	13a. S1		(IF IN NURSING HOME 13b. COUNTY)	or other institution, GI NTY legany	13c. CITY OR TO Midla	DMISSION) WN	136. INSIDE CITY LIMITS? YES S NO	13e. STREET ADDRESS BOX	35		
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			ons, if any, which		AS A CONSEQUE	Co1	onary S	clerosis			
		couse (c lying co	o) stating the <u>under</u> use last.	DUE TO, OR	AS A CONSEQUE	NCE OF					
	NO	PART 2 OTHER S	IGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL OISEAS	SE OR CONDITION GIVEN IN PA	RT 1 (a).			
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	MEDIC	21d IN ILIRY		21e. PLACE	OF INJURY (AT H TORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	cc	YTAUC	STA
			tify that I took char	rge of the remoins des	Accident .	Suicide	nspectic Homicide , TITLE (SPECIFY) De puty	Undetermined monne	DATE	distill	10
TIMORE, MARYLAND, Z		SIGNATUR	Histoc	uci &	cuare	ec!		MEDICAL EXAMINE			
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		FOR		DEPARTMENT OF	HEALTH	AND MENTAL HYC	GIENE		
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1.		EASED NAME FIRST		MIDDLE	L	LAST	20. DATE KNOWN		HOUR
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	3	Female White	Mar. 24,	1002	YRS.	S DAYS HOURS MI	IN. PRONOUNCED DEAD	1-6-80 , 11:	102
1	o. BIF	RTHPLACE (STATE OR SEIGN COUNTRY)	76. CITIZEN OF W		TR.	ED INEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH	- 10
		legany Md.	USA		WIDOWE	48.00		nv	***
		Y OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOA	ME, OR OTHE	ER INSTITUTION 12	a. USUAL OCCUPATION (T	YPE OF WORK 126. KIND OF BUSIN	ESS
	Ci	umberland		Heart Hosp			Homemaker	OR INDUSTRY Domesti	-
U		L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, G	WE RESIDENCE BEFORE ADMIS	SSION)	and more every course. In			
1	M		egany	Gresapto		13d. INSIDE CITY LIMITS? 13d	Box 97 R	+ #5	
1	4. FA	THER'S NAME				15. MOTHER'S MAIDEN N	VAME		
		Lewis	MIDDLE	Twigg		Not k	nown	LAST	
16	6a W	AS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRES	SBOX 97 Rt. 5	
	(16	No No	E WAR OR DATES)	217-40-	5428	Aneda Deff	inbaugh Cre	saptown, Md.	
F		18 CAUSE OF DEATH (Enter o	nly ane couse per line	far (a), (b), and (c).)				APPROXIMATE INTE	
		PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a)		arcino	omatosis, g	eneralized	Months	DEATH
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	TE							YES N	0 1
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		UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	. 19		St. 31 - 1			
1	4ED	21d. INJURY OCCURRED WHILE NOT WHILE		OF INJURY (AT HOME,	21f. LOC	ATION	CITY OR TOWN	COUNTY	STATE
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		22a I certify that I took char	ge of the remains des	cribed above, held an	Autopsy	y , Inspection	X, Inquiry X,	and in my opinion	
			urol couses X	Assident . S		Hamicide 1		,	
		D	(/12		TITLE (SPECIFY)	⊕ -1,		
		ACTUAL SIGNATURE Den	rdict	Kelarel	W M.		MEDICAL EXAMINER	DATE SIGNED 1-6-80	
		Ge				1			31
hors		EXAMINER'S NAME BET	nedict Ski	tarelic, M	.D. A	ADDRESS R#9, Cum	berland, Mary	rland 21502	
23	30. BU	RIAL, CREMATION, REMOVAL		23c. NAME OF C			3d. LOCATION	TAT TACOUNTY E 4 2 4 STATE	
L		Burial	1/9/1980	Woodro	w Cem			W. Va. 25434	
2		NERAL DIRECTOR	ADDRESS	TEN MENT		250. DATE REC	D. BY REGISTRAR 256. R	They Million	3
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ADDRESS 404 Decatur St

Silcox-Merritt Funeral Service Cumberland, Md

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T. MILLIAMS, M.D. MENURIAL HOSPITAL MED. BLOG, cumb.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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2		1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	O _{REG. NO}	0 0	U	6 5
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MARYL	completely 1 and 2 shall		ATHER'S NAME	E. Shaffe	er LAST	H.	15. MOTHER'S MAIDEN NA	AIDEN NAME MIDDLE Annettie Koch				
BALTIMORE,	n and co		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES?	166 SOCIAL SECL	JRITY NO.	Mrs. Roy Pla			Laws		
	physicio npopers: mavol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per SED BY: ATE CAUSE (a)	line far (a), (b), on Card	dichi	mest				APPROXIM BETWEEN O	MATE INTERVAL
PRESTON ST.,	death cer attending nove carba otion, or re roumatic e		Conditions, if any, which gove rise to immediate		R AS A CONSEQUI	ENCE OF					2.	no
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OF VII	ICIAN: T g physici ertificate inl-transi intol Hyg tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	EATH HOUR A.	M. MONTH D.	AY YEAR	2) c. HOW INJURY OCCUR	RED (ENTER	NATURE OF INJUI	RY IN ITEM 18, PART	OR PART 2)	
DIVISION OF VITAL RECORDS, 201	uG PHYS attending for this c s the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	٧N	COUNTY	STATE
^_	rendin fol or OR: Af or use of f Health		22a I certify that (1) (this has saw the deceased alive				nd that in (my) (aur) opinion	death accur	red on the de	, 19.		that (I) (we) lost

TO FUNERAL DIRECTOR should be detached for a with the State Dept. of H impORTANT: If them 21 is saw the deceased alive on above, (1) (wd) (did) (did nat) view the body after death TO HOSPITAL OR ATTE DEGREE 226 SIGNATURE Mo ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR WINT) 22e. ADDRESS Dr. George Breeza MD Seton Drive, Cumberland, Md. Cumberland, Allegany, Md. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 1-30-1980 Sunset Memorial Park BP

24. FUNERAL DIRECTOR James F. Scarpell ** Pyress Cumberland, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 7/77 (VR A 15 (4))

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20 11 NOSA	16a. \	VAS DECEASE ES. NO, OR UNKNO Yes	(IF YES	s, give war o	R DATES)		IAL SECURIT	Y NO.	Mrs	THAM	ME		DDRESS	erlan	d,Md.	Wife
ENE, DI		18. CAUSE C PART I DI	EATH WAS CA	ter only and AUSED BY: EDIATE CA			Car	-	omato	sis,	В	rain			APPROXIMAT BETWEEN ONS	ET AND DEATH
AND MENTAL HYGIENE, C DN, OR REMOVAL.		gove r	ins, if any, vise to imme) stoting the <u>u</u> use lost.	diote)	(b) DUE TO, OR		Bron	chog	genic	Car	cino	ma			1 у	r.
CREMATION, OR	N C	PART 2 OTNER S	IGNIFICANT COND	ITIONS <u>CONTRI</u>	BUTING TO DEATH B	UT NOT RELAT	ED TO THE TERM	AINAL OISEAS	OR CONDITIO	N GIVEN IN PA	ART 1 (α).		70-76			
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3		21a. EXTERNA	AL CAUSE WA	AS	21b. TIME OF HOUR A.M.	INJURY		21c. H			D LENTER N	ATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART 2	YES XLX	NO [
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PLEASE ECTOR P. FILES. HOURS	3. SE	X 4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	S IF UNDER 1 YR.	IF UNDER 24 HRS.	2c. DATE	HINOM	DAY YEAR 2d. HONT
RY, PLEASE DIRECTOR. OUR FILES. 72 HOURS	F	emale White	Apr. 29	1918 61 YRS	MONTHS DAYS	HOURS MIN	PRONOUNCED DEAD	1-19	1,806:50
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Z-II - 0 = 3	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL NURSING HOME.	OR OTHER INSTITU		UAL OCCUPATION (T		b. KIND OF BUSINESS
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F ANY DEL AND 3 TO RETAIN HOULD BE RECORDS	USU 13a. S	AL RESIDENCE (IF IN NURSING HOME COTATE 1136, COUN	OR OTHER INSTITUTION, GIV	/E RESIDENCE BEFORE ADMISSION) Ital incide	CITY LIMITS? 13e. STR	EEJ ADDRESS		
21201 F ANY C. AND S. AND S. AND			egany	Frostbur			5 Meshac	h Fro	st Village
D. 2 P. 3. 2 SI		ATHER'S NAME				HER'S MAIDEN NAME			
DRE, MD. 2		Anthony	WIDDLE	Ritchie		Amelia	WIDDLE	Dre	LAST
MORE, TER DE PAGE FORM SS 1 AN	160.	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURITY			ADDRES		744
BALTIMORE, MD. IRS AFTER DEATH. Offer PAGES 1. WITH FORM PM. PAGES 1 AND 2. DIVISION OF TIAN	()	YES, NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	212-18-17	Ol Tow	og Pitah	ie, Rawl	inaa	Monrelond
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DIVIS THIS CER WARDED PAGE 3 S TATE DEF	W.	WHILE NOT WHILE	STREET, FACT	ORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNT	TY STATE
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A TOTAL		death resulted fram: Natur	al causes X:	Accident , Suici	de . Ham	icide . Undet	ermined manner],	
EXAMINER CERTIFICA ULD BE FO DIRECTOR WITH THE		n	11	1. /	TITLE (SPECIFY)			
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TO MEDICAL EXAMINER: EXCUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATTIMORE, MARYLAND, 2	23a. B	SURIAL, CREMATION, REMOVAL 2		23c. NAME OF CEME			OCATION OR TOWN		
BP	(Burial	Ton 2215	n Frostbu			rostburg	COUNTY	egany, Md.
DHMH - 17	24. F	UNERAL DIRECTOR		All al OSODA	E HOME	25a. DATE REC'D. BY	REGISTRAR 25b. REG	GISTRAR'S SIG	
(VR A15 ME (5))		Durst Funer	Home.	Fronthese	Ma	1AN	n 1000	Lista	. Rec Cready
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Charles 8:55a Rowe 1/9/80 4 RACE 3. SEX DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR White 10ctober 25, 1915 64 7a. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia USA Allegany WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Frostburg, Md. Frostburg Community Hospital Body Division Motor Co. JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Frostburg Gunter HOtel (W. Main St.) YES KI NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Mc Kenzie Rowe unkn**Netti** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) J. Mallery Yes W.W. 2 220-10-8843 Frostburg Community Hospital 18 CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse to, stoting the A)CONSEQUENCE underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN DATE OF OPERATION 18). CONDITION FOR WHICH OPERATION WAS PERFORMED 30a AUTOPSY7 IN CERTIFYING CAUSES OF DEATH? NO E NOK ACCIDENT WAS UNDERLYING 716. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF BUILDS IN ITEM IS PART I DRIPART 21 MAA SUCH MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIFETHER, NOTHY MEDICAL EXAMINER P.M 10 ZIE INJURY OCCURRED 21a PLACE OF INJURY 2H LOCATION AT HOME STREET PACTORY, OFFICE YARM, ETC.) DITY OR TOWN COUNTY STATE NOT WHILE WHEE AT WORK 22x1 certify that (II (this haspital) attended the deceased from saw the deceased alive on above, (1) (we) (did) (did not and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27% SIGNATURE DEGREE 27c DATE SIGNED ATTENDING MEDICAL STAFF 274. PHYSICIAN'S NAME OTHE SHARKIN 72e ADDRESS Dr. S. Kim Westernport, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial STATE Jan.11,1980 Frostburg Memorial Pk. Frostburg, Allegany, 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. RE

Durst Funeral Home, Frostburg, Md. 21532

IAN1 6 1980

DHMH - 16 50M 1/76 (VR A 15 (4))

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	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY	B G REG. NO O	073
	T DECEASED NAME FIRST (TYPE OR PRINT) Marga	ret H.	Scheermesser	To brite of berilli	980 3 125
	³ SEX Female	White	Sept.16, 1887	6 AGE (IN YEARS LAST BIRTHDAY) 92 YRS.	IF UNDER VEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
5	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY USA	RARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Allegany	OF DEATH
	O. CITY OR TOWN OF DEATH Cumberland	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Allegany Co.		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOUSEWIFE	126 KIND OF BUSINESS OF INDUSTRY OWN Home
1	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU Md. Alle		WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 200 Glenn St.	
	14 FATHER'S NAME FIRST Chenoweth	Defibauc	th Ada		Brighthill
	160 WAS DECEASED EVER IN U.S. AF	/E WAR OR DATES)	URITY NO. 17 INFORMANT	ADDRESS	4 WD 21502

NO	215-34-4933	Janet Hes	s Cumperlan	a, MD 21502
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PART 2. OTHER SIGNIFICANT COM-	IDITIONS CONTRIBUTING DEATH BUT CALLUSTICS 18. CONDITION FOR WHICH OPERATION	NOT RELATED TO SHE TERM	The Autops 100 Per 100	EN OF PART TO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	tool bud
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this haspital), sow the deceased alive on	ottended the deceosed from June Jan. 19 80 , or		to Jan. 20,	19.80 that (I) (we) lost r and from the causes stated

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retoined by the hospital or

DHMH - 16 60M 1/75 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has be

should be detached for use as

IMPORTANT: If Hem 21 is

22b. SIGNAT

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

William G. Kight

Topper, M. D. 23c. NAME OF CEMETERY OR CREMATORY

DEGREE

ATTENDING PHYSICIAN

^{27e} ADDRES Memorial Hospital Cumberland, Md. 21502 23d. LOCATION CITY OR TOWN

MEDICAL STAFF
DIRECTOR PHYSICIAN

22c. DATE SIGNED

1/21/1980

Md

RogeBurial 24 FUNERAL DIRECTOR

Cumberland

1980 Rose Hill Cem. Cumberland Allegary

ADDRESS

JAN 2 8 1980

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STATE OF MARYLAND

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SILCOX-MERRITT FUNERAL HOME, CUMBERLAND, MD. 21502

(VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 1 DECEASED NAME (TYPE OF PRINT) FRANK SIMPSON TROY JANUARY 4. 1980 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTHS DAYS HOURS White June 25. 1911 Male BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Allegany West Virginia USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Memorial Hospital Retired Agent Cumberland Insurance DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Cumberland 34 East Roberts St. Md. Allegany 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Charles H. Simpson Jenny Schell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs. Opal Simpson, Cumberland, Wife no III. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which chaste in stating RELATED TO THE TERMINAL DISEASE OR COMDITION GIVEN IN PART Tro-0 20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 00 YEAR HOUR A.M. HINCH OF CONTRIBUTING THEATH MEDICAL LETTHER, NOTEY MEDICAL EXAMINER 211 LOCATION TIE PLACE OF INJURY 2 COUNTY STATE AT HOME STREET, FACTORY, DIFFICE, FARM, ETC. | 22a. I certify thou this hospital) attended the deceased from. 80, and that in my (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above (fl)(we) (did) (did non 226. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL I MPORTANT: 22d. PHYSICIAN'S MAME (TYPE OR PRINT) SOUTH CENTRE STREET DR. FREDERICK W. MILTENBERGER CUMBERLAND. MD. 21502 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY Dawson Cemetery Dawson, Md. 7.1980 Burial Jan. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 James F. Scarpelli, Cumberland, Md. (VR A 15 (4))

STATE OF MARYLAND

TROY SIMPSON CAMMARY 4, 1980 8:450 122 SOUTH CENTRE STREET OR. PREDERICK W. MILTENBERGER CUMBERLAND, MD. 21502

Affiliation , Emergence , 120 trees , September

1.	F	OR		D		ATE OF M	ARYLAND AND MENTAL	HYGIENE			
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	SEX Ma	le Whit	e Mon	8-02-20	YEAR 6. AGE (IN LAST BIRT				OUNCED DEAD	1-10-80	DAY YEAR 2d. HOUR
7	a. BIR	THPLACE (STATE OR GON COUNTRY) Marylan	d 76. C1	USA	AT COUNTRY?	8. MARRIE	D DIVOR	KIED LIT	llega	TY OR COUNTY O	OF DEATH MD.
B	Cı	umberland	T I	Memoria	ITAL, NURSING HOLLY, GIVE STREET ADDRESS HOSPITA	1D	R INSTITUTION	12a USUAL OC	CUPATION	(TYPE OF WORK 12b	KIND OF BUSINESS
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14	I. FAT	HER'S NAME Cologero	MIDDL	E	Sirna		15. MOTHER'S MAID FIRST ROSE	DEN NAME	Marie		Ridolfo
3 16	(YES	AS DECEASED EVER IN L NO, OR UNKNOWN) (IF)	ES, GIVE WAR OR		710-09-7		Mrs. Ver	a V. Sir	na. Rt	RESS	26753 daeley, W.V
		Canditians, if any, gave rise to imm cause (a) stating the lying cause last.	CAUSED BY: MEDIATE CAU which lediate under-	SE (a) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENC	Cor	onary Sc	lerosis	Left		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden
	z	PART 2 DTHER SIGNIFICANT COM			nd apical			'ART 1 (a)			
	CERTIFICATION	90. DATE OF OPERATIO	N POS UC	19b. CONDITIO	ON FOR WHICH OP	ERATION WA	S PERFORMED?			2	20. AUTOPSY? YES XX NO []
	¥ [NO. EXTERNAL CAUSE WILLIAM OF CONTRIBUTING CAU		P.M.	MONTH DAY YE	AR	W INJURY OCCURR	RED (ENTER NATURE)	OF INJURY IN ITE.	M 18 PART 1 OR PART 2)	
	MED	NOT WHILE AT WORK	LE 🗆	STREET, FACTO	INJURY (AT HOME, RY, FARM, ETC.)	21f. LOC ST	ATION	CITY C	OR TOWN	COUNTY	Y STATE
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PILES. IQURS JREET,		E OR PRINT)	James				Smith		000	ESTI-		. 19 80	3:45
STREE	3 SEX			5. DATE OF BIRTH	YEAR LAST BI	N YEARS IF UITHDAY) MONT		UNDER 24 HRS.	2c. DATE PRONOUNC	M	ONTH DA	AY AR	2d. HOUR 3:45
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	14. F	THER'S NAME		WIDDLE	Lice		15. MOTHER'S	MAIDEN NAME	E MIDE			LAST	
1		Daniel		~ ~	Smith		Sopi	hia			237	Parke	r
2	16a. V (Y	VAS DECEASED E ES, NO, OR UNKNOWN	VER IN U.S. ARM (IF YES, GIVE W	ED FORCES? (AR OR DATES)	705-10-		Mrs. E	mma P. S	Smith R	ADDRESS	W. V Box	a. 26 8. Ri	753 daelei
		18. CAUSE OF D	EATH (Enter only	one cause per line	for (a), (b), ond (c).							APPROXIMAT SETWEEN ONSE	E INTERVAL
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ar a		gave rise	if ony, which to immediate	(b)			CORONAL	RY SCLER	osis,			~~~	1000
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2	IFIC,											YES 🗆	XXON
2	MEDICAL CERTIFICATION	210. EXTERNAL O	and the same of th	21b. TIME OF		21c. H	OW INJURY O	CCURRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)		
5	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF D		MONTH DAY								
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	*	AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		SINEET		CITY OR TOWN	N.	COUNTY		STATE
				of the remains des	cribed above, held	in Autor	osy . Ir	nspection X	Inquiry	X ond in	n my apinia	n	
		deoth resulted		couses X	Accident .	Suicide _	. Hamicide		termined man		,		
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STATE OF MARYLAND

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DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 16 Jan 80

23c. NAME OF CEMETERY OR CREMATORY Mineral

23d. LOCATION
CITY OR TOWN
(Rural) Keyser

COUNTY Mineral W. Va

STATE

Burial 256. DATE REC O. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ROTRUCK FUNERAL HOME, 85 S. MA 24 FUNERAL DIRECTOR Allen

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EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STITMORE, MARYLAND, 212			fy that I taak charge	e of the remains de al causes A,	escribed above, held an accident ,	Autar Suicide	Hamicio	ECIFY)	Inquiry , etermined manner	ond in my o		80
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH DECEASED NAME 26 HOUR TORKINGTON WILLIAM 80 6 3 SEX AGE (IN YEARS LAST BIRTHDAY DAYS March 24. To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED Africa S Detired-GPA Allegany Co WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Cumberland JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE DMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 955 Braddock Road Marylandno Allegany Cumberland 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Torkington Alice Whittaker IAN WAS DECEASED EVER IN U.S. ARMED 16b SOCIAL SECURITY NO 17 INFORMANT media (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWI William Torkington. Jr. Richmond. Va. Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and jo PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause to stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOIS YES NO [Hygi ÷, 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ‡ 21d. INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE morked NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from that (1) (we) last DIRECTOR hospitol saw the deceased alive an. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED 100 Nga. MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN HOSPITAL MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS id b 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION STATE COUNTY Vale BP Rest Lawn buria _em. Gardens La 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 NAME (VR A 15 (4)) ohn J. Hafer, Jr. La Vale, Md:

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	a.BUI	XAMINER'S N. TYPE OR PRINT	ON,REMOVAL 23		23c. N	iame of CEM	ETERY OR	cremato	ory a rk	23d. LC Curr Curr	umberl Cation or town berla: REGISTRAR	nd, A	lleg	any,	Md .	NTE .

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DHMH-16 25M (VRA 15, 4) 1/79 FOR

REGISTRAR

- STATE

INDUSTRY Dibert Lions Manor Nursing Home, Cumberland, APPROXIMATE INTERVAL PART-2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 01/21 ond that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED -24-80 DIRECTOR PHYSICIAN Seton Drive, Cumberland, Md. La Vale, Allegany, Maryland 26.1980 Rest Lawn Gardens Buria1 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Harvey H. Zeigler, Hyndman, Tennsylvania 15545

STATE OF MARYLAND

DEPARTMENT OF REALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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ECESSA UNERAL FOX Y WITHIN	7a B	RTHPLACE (S PREIGN COUNTRY)	TATE OR	76. CITIZEN OF WHA	AT COUN	TRY? 8	MARRIED	_	R MARRIED DIVORCED		legany	COUNTY OF DEAT	TH
ELAY IS N TO THE FI TO THE FI PAGE 5 BE PRED SSOUW		mber 1	-	11. NAME OF HOSP	ITAL, NU	RSING HOME, O	pita	1	-DOAL.	USUAL OCCUP FOR MOST OF WORK HOMEMAKE	ATION (TYPE OF	WORK 12b. KIND C	OF BUSINESS DUSTRY
C & \ 0 &		TATE	(IF IN NURSING HOME COUN A 116	PROTHER INSTITUTION, GIVE TY 2 gany	13c. CITY	OR TOWN	13d,	INSIDE CITY	LIMITS? 13e.	Apt B	104 Ga	arden Ro	oad
RE, MD. 2 t DEATH. II GES 1, 2, RM PM 3. AND 2 SI OF MIAL	14. F	ATHER'S NAMI FIRST Henry		MIDDLE	craus	LAST SS		Man Man	SMAIDENN rgaret	AME	DDLE	Neil	
BALTIMORE, RS AFTER DE GIVE PAGE: VITH FORM PAGES 1 AN INISION OF		MAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. AR/ DWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		3 26 30	7	onal		on, 330	ADDRESS Toura I)r., Plea	-
PRESTON ST., I WITHIN 24 HOU UCIL IN ITEM 18. INER ALONG V RANSIT PERMIT. TRAINTINGIENE, D.	7	Canditia gave ri	IMMEDIATE Ins., if any, which ise to immediate a stating the under-	DUE TO, OR A	Skul Rugot Frac), and (c).) L1 Frac SECULOR CE OF	ture Crus of ri	hed ght	Chest leg,	ractur , Comp multip	ound	art	XIMATE INTERVAL I ONSET AND DEATH
AL RECORDS, 301 W HOULD BE EXECUTED D. "PENDING". IN PER HIEF MEDICAL EXAM SEE AS A BURIAL: O'FEDATION, OR RE L, CREMATION, OR RE	CERTIFICATION			((c)	IT NOT RELA	TED TO THE TERMINA	IL DISEASE OR ((DNDITIDN G	GIVEN IN PART 1 (c	ient)		20. AUTO	
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E CERTIFICATE DULD BE FOR L DIRECTOR: 1, WITH THE SAMARYLAND, 2		death result	Berre	e of the remains described to the remains desc	Ascident	E, Suici	M.D	Hamicid FULE (SPE Put	CIFY)	ndetermined ma	nner .	DATE 1- SIGNED Yland	13-80 21502
F M T F 4 M	23a. B	(TYPE OR PRI URIAL, CREMA SPECIFY)	INT)		23c. 1	NAME OF CEME	TERY OR CE	DRESS	23 23	d. LÖCATION CITY OR TOWN		COUNTY	STATE
DHMH - 17 (VR A15 ME (5)) 15M7/77		Burial UNERAL DIRECT		ADDRESS	Bent	Maple Cr tleyvill n St.,		25		Charlero D. BY REGISTRAI 2 2 1980		Ashington RAR'S SIGNATURE	

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ಬಕ್			CEASED NAME FIRST OR PRINT)	LEIGH C. WILT				JANUARY 3, 1980 9:30A				
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Po o			RTHPLACE (STATE OR FOREIGN 7	76 CITIZEN OF WHAT COUNTRY?		8		9 BALTI	9 BALTIMORE CITY OR COUNTY OF DEATH			
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riled v	50		UMBERLAND, MI			MEMO	EMORIAL		Wood Worker Lui			umber
ould be	35	13a. S	AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION, TY BEANV	13c. CITY OR TOV	VN	134 INSIDE CITY LIMITS?	13e STRE	et address 8 West	Str	eet	
e e		_	THER'S NAME			0	15. MOTHER'S MAIDEN		A TANK			
exom	10		James Ale	exander Wilt			Sarah		France		Fout	Z
ond co	1		AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	NED FORCES?	166 SOCIAL SEC		17 INFORMANT		ADDRE			
Z E		Ù.	NO		214-05	-6862	Beverly	J. B	ittner	sam		above
popers. roval. ent, the	umotic event,		18 CAUSE OF DEATH Enter only	one cause per	line far (a), (b), ai	nd (c).					APPROX BETWEEN	ONSET AND DEATH
ewo			PART I. DEATH WAS CAUSED IMMEDIATE		Can	lear	arrest (V	lert.	phill	otin	45	men"
or r			4100	DUF TO O	R AS A CONSEOU	ENCE OF			/			
C E			Conditions, if any, which (1b) T									
er fro		al	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQU	ENCE OF					S C	
oth		3	underlying cause last.	(c)		ASC	LVD	1000				
to burio injury, o		NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
prior ony ir	0	ATI	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a A	UTOPSY?		S, WERE FINDI		
ws	7	LIFIC						YES	TON T		FYING CAUSES	NO
or Item 18 shar	9	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTE	R NATURE OF INJUI	RY IN ITEM 18,	PART 1 OR PART 2)	
Me por the		MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION STREET		CITY OR TOY		COUNTY	
orked		M	AT WORK AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE,				CITY OR TOV	VN	COUNTY	STATE
DIRECTOR A sched for use Dept. of Heal			220.1 certify that (1) this haspite saw the deceased alive an abave (1) we (did) (did not				nd that in (my) bur) apını	an death acc	urred on the de	ate and have	or and fram the	that (1) we) last causes stated
			22b. SIGNATURE	view the bady	atter death.		DEGREE				THE DATE	
ute Dept			ax	oller	رة أ	mx	ATTENDING PHYSICIAN	MEDIC DIRECT	CAL STAI	FF IAN 🗌	3 90	~ 80
should be deta with the State IMPORTANT: IF	1		22d. PHYSICIAN'S NAME (THE OF PRINT) 22e. ADDRESS MEMORIAL MEDICAL BUILDING									
with the State	1		DR. ANTHONY J. BOLLINO, JR. CUMBERLAND, MD. 21502									
3 ₹-		23a. B	LIDIAL CREATATION DEALOWAL	23b. DATE			EMETERY OR CREMATOR	2 23d 1	OCATION		COUNTY	STATE
	7	(:	Burial	1-6-1	980	Phil	os Cemeter	y W	ester	aport	5	STATE
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BP. DHMH - 16 50M 7/77 (VR A 15 (4))

74 FUNERAL DIRECTOR
NAME
Hafer Funeral Service *** Lavale, MD

Westernport 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

LANGUARY 3, 1980 9:30A	7.1	c. w	ENTERIOR	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR I. DECEASED NAME 26. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Zembower William Russell 19 80 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE 24. LAST BIRTHDAY) MONTHS 11:15 PRONOUNCED White. Male 1907 Feb. 23. 72 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED FOREIGN COUNTRY) Penna. U. S. A. Allegany D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Ret. Truck Priver, Celanese Corp. Cumberland. A. Memorial Hosp. Oldtown Rd. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Cumberland. Allegany 1532-B Oldtown Manor Apts. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Zembower Rose Ella OF VIT Torsee Mrs. Selma U. Zembower, 1532-B Oldtown 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 214-05-6210 APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH
SUDDEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 196, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO K 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME, 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK Inspection XX 220. I certify that I took charge of the remains described above, held an Autopsy Natural causes Undetermined manner death resulted fram: Hamicide PAGE 4 SHOULD BI TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYLA TITLE (SPECIFY) DATE 1/23/80 Benedict Skitarelic, M. D. ADDRESS Rt. # EXAMINER'S NAME 9 Cumberland. Md. 21502 (TYPE OR PRINT) 736 BURIAL CREMATION REMOVAL 23b. DATE Cumberland, Megany Maryland 1/26/80 Sunset Memorial Park. TE REC'D BY RECUSERAR N 2 8 1980 Burial BP H. Wayne George 202 Greene ST. Cumberland, Md. (VR A15 ME (5)) 15M7/76

STATE OF MARYLAND

